



## **Psychology Internship Program In Health Service Psychology: Policies and Procedures**

**Department of Veterans Affairs, VA Southern Nevada Healthcare System  
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*Note: Significant portions of this manual are adapted or extracted, in whole or in part, from exemplar programs.*

The VASNHS Psychology Internship Program in Health Service Psychology accepted its first class of three interns on 7/1/2015. The program was granted “accredited, on contingency” status by the American Psychological Association on June 30<sup>th</sup>, 2017. The Psychology Internship Program at VASNHS is also an [APPIC](#) member. The information provided in this document will be updated yearly and as appropriate. If you have questions that are not adequately addressed by the following, please contact the Psychology Training Director.

Number of Interns: Expected for 2021-2020: 3.

Stipend: \$26,420 (2020-2021)

The internship is for one full year (2080 hours), beginning on July 6<sup>th</sup>, 2021 and ending July 7<sup>th</sup>, 2022. It is the policy of VASNHS’ Psychology Internship Program that all Interns must be present on the final day of Internship. Stipends are paid in 26 bi-weekly installments. For additional information go to:

<http://www.psychologytraining.va.gov/benefits.asp>

## **Requirements for Admission**

To be considered for admission, candidates must be graduate students in good standing in an APA- or CPA-accredited program in clinical or counseling psychology. They must have completed their masters’ degree or equivalent and have completed their qualifying doctoral examination or equivalent. Candidates must be certified as ready for internship training by the Psychology Training Director of their doctoral programs. In addition, VASNHS Psychology Internship Program applicants must have their dissertation proposal approved prior to application. Selected interns must have capabilities and goals consistent with the mission, goals and objectives of the Psychology Internship Program. Applicants must be U.S. citizens.

The Psychology Internship Program encourages applications from qualified candidates, regardless of gender, racial, ethnic, sexual orientation, disability or other minority status. The internship aims to foster a diverse psychology workforce and supports an inclusive work environment that ensures equal opportunity. We encourage psychology trainees of diverse backgrounds, in all of the ways that diversity is expressed, to apply to the Psychology Internship Program.

The VASNHS Psychology Internship Program staff and the Psychology Training Director will vet applicants. Typically, well qualified candidates would be invited to visit the local facilities, at their personal expense; however given the COVID19 pandemic, we will be conducting virtual interviews via video conferencing platforms for the 2021-2022 year. Interviews will be conducted with the Psychology Training Director and other training faculty members. Interviews will be conducted in early to mid-January.

The Psychology Training Director, with input from program faculty members, will make the final selection decisions for rankings. No information regarding rankings shall be given or received.

## **Application Procedures**

- Compliance with Eligibility Requirements for all VA Psychology Training Programs, articulated at: <http://www.psychologytraining.va.gov/eligibility.asp>
- Completed AAPI materials
- Cover letter
- Current curriculum vitae
- Official graduate transcript(s)
- The Academic Program's Verification of Internship Eligibility and Readiness
- Three letters of recommendation, from clinical supervisors and advisors who will speak directly about the quality of your clinical and/or academic work
- Background check upon hire
- All materials must be submitted for review online by December 6, 2020 at 11:59 p.m (EST). This internship site follows the [APPIC](#) policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant
- We will notify applicants of selection for an interview by December 18, 2020 by 5 p.m. (PST). Interviews will be conducted in person or by phone/virtual and will be set up and conducted in January.
- COVID-19 may result in all interviews being done virtually.

For more information about application processes you may contact the following individuals:

Micol Levi-Minzi, PsyD  
Psychology Training Director  
[Micol.Levi-Minzi@va.gov](mailto:Micol.Levi-Minzi@va.gov)  
702-791-9000 x 13780

## **Accreditation Status**

VA Southern Nevada Health Care System, Psychology Internship Program is a member of the Association of Psychology Postdoctoral and Internship Centers ([APPIC](#)), which defines and administers the manner in which offers of internship and acceptances are conducted. VASNHS participates in the computer matching program <https://natmatch.com/psychint/>) and follows all APPIC policies. We take APPIC and [APA](#) guidelines seriously and are committed to full adherence.

The Psychology Internship Program at VASNHS is Accredited on Contingency by the American Psychological Association. For information regarding APA accreditation, potential applicants are referred to the Commission on Accreditation: Office of Program

Consultation and Accreditation, American Psychological Association 750 1st Street, NE, Washington, DC 20002. Phone: (202) 336-5979.

E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)

Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

## **The Overall Training Setting**

[VA Southern Nevada Healthcare System](#) (VASNHS) currently has 42 approved psychologist positions. Most psychologists, including interns, report to Behavioral Health Service. Behavioral Health Service has 145 full time providers across disciplines. VASNHS has experienced rapid expansion and restructuring in the last several years, including opening all new facilities.

VASNHS provides outpatient and inpatient medical services to Veterans residing in Southern Nevada with an official catchment area of Clark, Lincoln, and Nye Counties. VASNHS also draws Veterans from Arizona, Utah, and California. VASNHS is geographically dispersed within the metropolitan Las Vegas area, Henderson, Pahrump, and Laughlin, Nevada. Primary and Specialty Care services are disbursed among several clinical sites located within the Las Vegas valley including the Northwest Primary Care Clinic (PCC), Northeast PCC, Southwest PCC, and Southeast PCC. Community Based Outpatient Clinics (CBOC) are located in Pahrump, NV and Laughlin, AZ to provide rural health care to Veterans.

The health care system opened a comprehensive medical center in 2012 that provides specialty and inpatient services. Inpatient services include 90 Medical, Surgical, Psychiatric, ICU, Step-Down, and Rehabilitation beds. An Emergency Department is located at the medical center. Educational and Administrative buildings were activated in FY 2015. A Fisher House ground breaking took place in March of 2016. VASNHS maintains a joint venture with the Department of Defense, 99<sup>th</sup> Medical Group, at the Mike O'Callaghan Federal Medical Center (MOFMC). VASNHS also maintains a Community Referral and Resource Center (CRRC) for homeless and at-risk Veterans. The Veterans Recovery Center (VRC) includes a Psychosocial Rehabilitation Recovery Center (PRRC), a Mental Health Intensive Case Management (MHICM) team, a Compensated Work Therapy (CWT) team, and a Veterans Justice Outreach (VJO) team.

In 2019 VASNHS opened the Las Vegas VA Residential Recovery and Renewal Center (LVR<sup>3</sup>). As VASNHS continues to expand person-centered services to meet the needs of Veterans, the inauguration of LVR<sup>3</sup> marks the first behavioral health residential program at the VA Southern Nevada Healthcare System. LVR<sup>3</sup> is a 30-45 day, 20-bed substance use and gambling disorder residential treatment program, with five dedicated rooms for female Veterans. Interns will be offered the opportunity to train within the LVR<sup>3</sup> via group psychotherapy and individual psychotherapy options.

## **Psychology Setting within VASNHS**

Psychological services and training at VASNHS are predominantly under the purview of the Behavioral Health Service. The Behavioral Health teams have a collaborative interprofessional emphasis with the following disciplines: psychology, psychiatry, social work, nursing, primary care medicine, pharmacy, recreation therapy, and peer support specialists. Psychologists hold important positions in key areas such as PTSD, Substance Abuse, Neuropsychology, Pain Management, Home-Based Primary Care (HBPC), Suicide Prevention, Acute Inpatient, Primary Care Mental Health Integration (PCMHI) and the Behavioral Health Integration Program (BHIP). Several psychologists practice within BHIP programs embedded in the four primary care clinics. BHIP teams practice at the forefront of interprofessional collaborative care. Interdisciplinary staff interface with teams that include two psychologists, two clinical social workers, two psychiatrists, an OIF/OEF case manager, and a peer support specialist. Interdisciplinary team meetings occur bi-weekly where the unique contribution of each member is central to collaborative care decisions emanating from Veterans' self-articulated recovery plans. The BHIP teams represent a state-of-the-art opportunity for interns to hone clinical and professional skills within an interprofessional collaborative care model.

## **Patient Population**

Since 1972, VA Southern Nevada Healthcare System has been improving the health of the men and women who have so proudly served our nation. Services are available to more than 240,000 Veterans living in our catchment area. Within the sunny Las Vegas valley and surrounding areas, VASNHS provides health care services to more than 45,000 patients yearly, exceeding 450,000 outpatient visits per year. In Fiscal Year 2019, VASNHS Behavioral Health Service had 115,851 appointments and 17,187 unique patients. VASNHS serves a predominantly male population ranging in age from 18 to 90 or more years. In recent years, the number of women (~9%) and younger Veterans accessing services has steadily increased. All racial/ethnic groups are represented and there are large Filipino and Pacific Islander communities. Varied socioeconomic and demographic classifications are represented.

## **Preface**

The VA Southern Nevada Healthcare System (VASNHS) internship was developed to address community and Veterans Health Administration needs within the greater Las Vegas Metropolitan area with respect to recruiting and training newer psychologists. VASNHS is steadfast in its commitment to providing high quality training to psychology interns with emphasis toward preparation in VA and public sector careers.

At VASNHS, the internship year is conceptualized as a set of clinical and professional skills that interlock. The internship training year includes a year of intensive clinical training under the supervision of licensed psychologists. In addition to direct supervision from licensed psychologists, interns will work within dynamic intercollaborative professional teams consisting of medical and allied health professions. Training at the

VASNHS is crafted to expand and enhance professional psychology competencies.

The program trains doctoral candidates to function as autonomous professionals in varied health care settings, with emphasis on the role of the psychologist in state of the art medical settings. Within a generalist model, the Psychology Internship Program (PIP) also seeks to provide strong grounding in fundamental and advanced practice skills within particular areas of emphasis (e.g., Primary Care Mental Health Integration, Addictive Disorders, PTSD, and Acute/Inpatient Care). Acquisition of core competencies in Evidence-Based Psychotherapies within the intern's rotations is paramount. The practitioner-scholar model of training in psychology is emphasized. Training is experiential, supervised and graded in complexity. Learning is a developmental and sequential process leading toward the ultimate goal of independent practice. The PIP is designed to promote professional competency and engender skills in complex clinical reasoning. The VASNHS internship program is focused on training doctoral candidates who are oriented toward practice in professional psychology in VA and the public sector. In addition to acquiring technical skills, development of the intern's professional identity equally lies at the core of the Psychology Internship Program's goals. Professional identity includes multiple components such as theoretical orientation and area emphasis. A significant portion of the psychologist's professional identity is developing a keen understanding of the unique and additive contributions of health service psychology. The professional psychologist appreciates how psychology interconnects with the contributions of other disciplines. An additional component involves an understanding of professional behavior and conduct. This includes legal and ethical competency, as well as awareness of the self in professional practice. The internship program emphasizes that how we practice can be as important as what we practice. Overall, the growth of professional identity, along with the attainment of core clinical competencies, will prepare interns for successful entry into the profession.

## **Introduction**

### **Purpose of the Training Manual**

The aim of this manual is to orient interns to policies and procedures. This manual articulates the policies and procedures of the Psychology Internship Program (PIP) at VA Southern Nevada Healthcare System (VASNHS). Unanticipated circumstances may arise that require exceptions or modifications to the guidelines included in this document.

### **Overview of the Program**

The internship is a generalist program designed to train clinical and counseling doctoral candidates for competent professional work in the postdoctoral year or in entry-level psychology positions. The basic requirement of the training program is satisfactory performance in applied clinical work in General Mental Health, an area of emphasis (PCMHI, Acute Psychology, Substance Use Disorders and PTSD) and a minor rotation (Evidence-Based Psychotherapy for PTSD). Clinical experience is supplemented by a



variety of educational offerings.

Clinical experience is gained during three twelve-month placements. The rotation system is designed to provide opportunities within the core area of General Mental Health, an area of emphasis, and a minor rotation. Prior to selecting placements, interns receive current information about the experiences available in each rotational element, and are guided based on individual goals and prior experience with the objective of tailoring a well-rounded internship.

## **Administrative Information**

### **Work Hours**

Like other Medical Center employees, interns typically work a 40-hour week, with hours varied due to rotational requirements. Some units organize their week to include one or more days when the staff works different hours (e.g., 12:00 noon – 8:30pm). The Training Director must be notified in writing of such non-standard schedules to ensure that interns are not expected to work excess hours.

### **Leave**

Interns accrue four hours each of annual leave (vacation) and sick leave per pay period. Interns receive all federal holidays.

**Annual Leave:** Annual leave requests should be made in advance. The leave approving official must act upon a formal and timely request for annual leave at the time requested or as soon thereafter as a decision, based on workload and available manpower, can be made. If a request must be disapproved, the leave-approving official must give the reason and initiate action to reschedule the leave.

Except in an emergency, planned leave time must be first discussed with the supervisor, taking into account clinic and patient coverage issues, and subsequently, submitted electronically for approval by the Behavioral Service Time Keeper. Per VA policy, leave may be used only after it is accrued. Leave requests must be submitted at least 45 days in advance. Planned leave requests should be emailed to all supervisors with the Training Director carbon copied on the email. Once all supervisors have replied approving or disapproving the requested leave, the Training Director will approve/disapprove. Interns must then complete a LEAF request to have clinics blocked and enter leave in VA Time and Attendance System (VATAS).

**Sick Leave:** To request sick leave, the intern will notify the Training Director by phone as soon as possible and as per overarching medical center policy. Intern will also notify all supervisors for that day via phone as soon as possible. Sick leave, properly requested, shall be granted for any of the following reasons: a) The employee is incapacitated for the performance of duties by physical or mental illness, injury,

pregnancy, or childbirth; b) When the employee receives medical, dental, or optical examination or treatment; c) When, through exposure to contagious disease, the presence of the employee at work would jeopardize the health of others; d) To provide care of a family member as a result of physical or mental illness, injury, pregnancy, childbirth, or medical, dental, or optical examination/treatment e) For adoption-related purposes; and f) To make arrangements for or attend the funeral of a family member. Sick leave requests for family care, adoption-related purposes, or bereavement for a family member shall be limited to a maximum of thirteen (13) workdays (104 hours) per year for employees who satisfy this condition. If a supervisor has reason to believe that an employee is abusing the entitlement of sick leave, a medical certificate acceptable to management may be required for any period of absence. The employee will receive advance written notification from his/her supervisor if this requirement is to be established. Failure to provide acceptable medical certification when this requirement is established could result in disapproval of sick leave and subsequent disciplinary action. Generally, requests for sick leave are made within the first two (2) hours of the start of the employee's shift. Sick leave will be recredited to an employee's leave account upon being reemployed if the employee separated on or after December 2, 1994. Sick leave balances credited for retirement annuity purposes will not be restored. If you are out of the office on sick leave for 3 days or more you must provide a note from your medical provider clearing you to return to work. Upon returning to work, the intern must enter sick leave in VATAS.

Leave Without Pay (LWOP): is a temporary non-pay status and absence from duty. Approval of LWOP is a matter of administrative discretion. Circumstances that would justify approval of sick leave or annual leave will generally be sufficient basis for approval of LWOP. LWOP will ordinarily be granted only for reasons considered to be in the interest of VA, either directly or indirectly. When LWOP is expected to exceed thirty (30) consecutive calendar days, the employee will submit written request to his/her Service Chief.

Authorized absence (leave that does not count against annual leave) may be granted for attendance at conferences, workshops and professional meetings. In addition, the Training Director may grant interns one day of authorized absence for the dissertation defense at their graduate institution, and up to two days of authorized absence for necessary travel time. For those interns who have completed their oral defense prior to the start of the internship (and are therefore unable to utilize this leave), up to two days of authorized absence can be granted for professional job interviews and associated travel, in order to support their equivalent next step in career development. A maximum of 5 days of authorized absence can be approved in the training year.

For additional leave information please see:

<http://apps.lasvegas.va.gov/sop/documents/MCM-05-06.pdf>

## **Early Completion**



VA policy requires that Interns remain on duty through the completion of the training year. The APA Commission on Accreditation (CoA) requires that the internship be a one-year experience, and most state licensing regulations require interns to complete 12 calendar months of training. Under exceptional circumstances, the Training Committee can allow an intern to leave the internship early and still be credited with completion of the internship. This requires that the intern have satisfactorily completed the required number of hours (2080) as well as attained the requisite competency benchmarks at the time of early departure. This would necessitate that an intern voluntarily work in excess of the standard 8-hour day for a period of time sufficient to accumulate the needed hours. Any request to receive credit for hours in excess of the 8-hour day must be approved by the Training Director, after initial approval by the supervisor. It is incumbent upon the intern to investigate any potential licensing complications. This option is only available under extreme circumstances. The internship is specifically designed around a 12 month clinical immersion experience.

### **Administrative Organization**

**Psychology Training Director:** The Training Director is appointed by, and reports to, the Chief of Psychology. The Training Director is responsible for the overall functioning of the psychology training program.

**Associate Training Director:** The Associate Training Director is appointed by, and reports to, the Chief of Psychology and the Training Director. The Associate Training Director is responsible for the overall functioning of the practicum program and functions as Psychology Training Director during his or her absence. The Associate Training Director assists the Training Director with various administrative tasks as well.

**Training Committee (TC):** The Training Committee formulates training policies and procedures. The task of the Training Committee is to serve the needs and goals of the Psychology Internship Program, practicum trainees, the Behavioral Health Service, and the larger medical center in regard to training issues.

1. The Training Committee consists of full-time rotation supervisors as voting members: no less than six psychologists, one intern, as well as one non-voting ex-officio member.
  - The Training Director is a permanent member who sequences agenda items and chairs the TC meetings.
  - The Training Director appoints staff members, with an eye toward representing the broad interests of both the internship and practicum training programs.
  - Beginning in the second quarter of the training year, interns shall rotate in the role Chief Intern for equal time periods and represent the intern class during training committee meetings.

- The Chief of the Psychology is an ex-officio member. The Training Director may appoint other such members as appropriate.
2. If a Training Committee member (either staff or intern) experiences a conflict of interest in a decision to be made by the TC, the member is expected to bring this to the attention of the committee, and to abstain from voting on the issue.
  3. The Training Committee may meet as a whole to consider issues that pertain to all levels of training, though more usually meets in subcommittee to consider issues that pertain solely to the internship or practicum programs.
  4. The Training Committee meets as a whole or in subcommittee no less than bi-monthly, and at the call of the Training Director when there are specific agenda items to be considered.
  5. Any staff member, intern or practicum student may request that the Training Committee consider an issue. Such requests should be submitted in writing to the Training Director. The Director will inform the person of the date the issue will be considered. Staff members and trainees who propose agenda items are invited to attend meetings when their agenda items are to be discussed. Meetings of the TC are open, with the exception of sessions that address the performance of individual persons.
  6. Decisions made by the Training Committee are based on information obtained from staff, trainees, and/or other involved parties. This information may be requested by memo, questionnaire, interview, or open discussion. Decisions that change the policies of the program will be written and distributed as updates to this manual. The manual is continuously available on a specific folder within the Behavioral Health Service electronic archives. The folder is only accessible from VA Southern Nevada Healthcare System computers to appropriate staff and trainees.
  7. Major policy decisions will be made by the Training Committee as a whole, or relevant subcommittees, only when a quorum of voting members is present. Preferably, such decisions will reflect a consensus of the committee, but if this is not possible, a simple majority will prevail. The decisions of the TC will be implemented unless the Service Chief declares them not feasible in the light of broader Behavioral Health, Medical Center or VA considerations. In such situations, the Service Director will discuss these concerns with the TC at the earliest possible time. The Psychology Training Director is permitted to make minor editorial changes without TC approval. Such updates will be appropriately disseminated by posting of the updated manual to the Internship folder within the Behavioral Health Service's electronic archives.
  8. The Training Committee may refer some issues for discussion or vote by the staff and/or trainees.

## **Training Program Involvement**

Beyond rotating service to the Training Committee, interns are asked to serve in other capacities as means of professional development nested within a junior colleague model.

1. Intern and Practicum Selection: A committee comprised of the Training Director, faculty and trainees evaluate applications, conduct interviews, and convene regarding selections.
2. Seminars: Interns are asked to provide information about their learning goals and areas of growth, and to be actively involved in the selection of future seminar topics. Interns will present job talk and or/case studies during the educational seminar. A faculty member coordinates the scheduling of appropriate speakers with the input of interns.
3. Psychology Trainee Orientation: With the input of staff, interns, and practicum students, the Training Director schedules and carries out orientation activities for incoming interns and practicums. Returning trainees are asked to take part in training activities as appropriate.

## **Training Program Resources**

### **Supervisors**

Supervisors are a vital resource to the training program. High quality supervision is at the center of the training faculty's values. Supervisors model clinical and professional conduct. Similarly, supervisors are responsible for the provision of clinical and professional feedback. Supervisors facilitate the inculcation of interns within the treatment milieu. Supervisors affirm the intern as an important member of clinical and professional teams. Supervisors coordinate interns' clinical experiences, collaborations and team roles. Supervisors hold responsibility for determining developmentally appropriate supervision levels within legal and ethical standards. Each supervisor meets with the intern for no less than one hour per week, per rotation. Augmented supervision is also available depending on the intern's desire and circumstances. Interns receive a minimum of 4 hours of supervision per week. Supervision follows the guidelines outlined in VHA HANDBOOK 1400.04. Supervision hours will be tracked by the Training Director.

The internship aspires to conduct supervision by direct observation. Depending on the technological capabilities of rotation sites and intern need, each supervisor will provide direct observation of service provision to include at least one time per rating period in person, via video streaming, or video recording. Supervisors will also be required to participate in the training committee. VASNHS psychology internship supervisors will offer the following types of supervision to interns based on initial evaluation and direct observation over the course of the internship: In the Room, In the Area, and Available. Available supervision is only employed in the event of unanticipated leave by the

primary supervisor and the Training Director and/or his/her designee covers the services of the intern.

All supervisors new to the VASNHS Training Program must be voted in by a two thirds majority; Voting will be conducted in a closed meeting consisting of voting committee members. All new supervisors must participate in a mentoring program with the Training Director and/or the Associate Training Director, even if already serving on the Training Committee. The duration and intensity of the mentoring program will be determined on a case-by-case basis. Additionally, all supervisors should have at least 1 year experience post-licensure; exceptions to this rule can be made under certain circumstances.

- Supervisors meet with the intern group during Orientation to describe the learning opportunities and limitations of the clinical rotation.
- During Orientation, Supervisors make themselves available to talk with interns about individual learning needs and interests with goal of completing the training agreement.
- The supervisor further works with the intern at the beginning of the rotation to define additional training goals and mechanisms to reach those goals as applicable.
- During orientation, supervisors schedule regular times for supervision. Additional supervision is provided as needed to ensure competent and effective training, as well as good patient care.
- A minimum of one hour of weekly scheduled individual supervision is required for the BHIP and area of emphasis rotations.
- Interns receive additional hours of supervision each week through various educational activities that aim to develop the trainees' competencies, including direct observation and feedback, instruction, modeling, patient care rounds that address the trainee's treatment planning and intervention, group supervision, group "debriefing" and "as needed" consultation with supervisors, other psychology staff and treatment unit staff.
- Telesupervision will only be used as an adjunct to the 2 hours of scheduled individual, face-to-face supervision and only when an alternative option is not available (such as during the COVID pandemic).
- Supervisors document ongoing supervision, with scheduled times every week, excluding leave wherein coverage is arranged at the obligation of the supervisor. When the supervisor is away from the clinical area, he/she arranges for

appropriate alternative supervision.

- Supervisors co-sign all progress notes, treatment plans, assessment reports, correspondence and any other intern entries into the medical record, thereby verifying their knowledge of, and concurrence with, the trainee's assessment and treatment plan. Supervisors complete attestations to notes regarding review of notes, treatment plans and diagnostic considerations.
- Each supervisor completes an initial evaluation, providing a baseline evaluation of their experience with and observations of the intern in the first month. The supervisor also prepares a written evaluation of the intern at 4 months, 8 months, and 12 months (final evaluation).
- Excluding the final evaluation, evaluations are used to drive plans for the remainder of the placement.
- The supervisor and intern discuss and sign the evaluation and the supervisor provides the evaluation to the Training Director.
- At each evaluation, the supervisor shares his/her evaluation of the intern's strengths and educational needs with the Supervisors group, which includes all active supervisors across rotations.
- Evaluations are placed in the intern's file.
- Copies of evaluations near the mid-point of internship and final evaluations are sent to the Director of Clinical Training of each intern's graduate program.

## **Supervising Practitioner Involvement and Documentation**

The following are adaptations of the standards outlined in VHA Handbook 1400.04. For additional guidance, see

([http://www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=3087](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=3087)) for VHA Handbook 1400.04, **SUPERVISION OF ASSOCIATED HEALTH TRAINEES.**

The Veteran's health record must clearly demonstrate involvement of the supervising practitioner in trainee-Veteran encounters, using the following method of documentation of supervision:

1. Addendum to the trainee's progress note by the supervising practitioner utilizing the "Attestation" template (accessed in CPRS through Templates -> Shared Templates -> Attestation) with inclusion of the statement below:
  - "Co-signature by this clinical supervisor evidences this case has been discussed with the student and that the supervisor concurs with the assessment, diagnoses, correspondence, treatment/care plan, and the Veteran health record

entry herein. This provider was in the room/area/available (select appropriate statement).”

2. Supervising practitioner’s co-signature of the trainee’s health record entry. A supervising practitioner’s co-signature signifies that the supervising practitioner has reviewed the trainee entry and, absent an addendum to the contrary, concurs with the content of the entry. Use of “additional signer” or “identified signer” options is not acceptable documentation of supervision. While co-signatures meet the requirement for minimal documentation for supervision, billing for services by the supervisor requires either a separate note or an addendum that specifies the nature of the clinical encounter and the clinical thinking.

The following notation is entered into the Veteran health record at that top of each treatment note by the intern:

\*\*\*\*\*Veteran is aware of therapist/trainee status as a psychology intern, XX, MA/MS, supervised by XX, PhD/PsyD. Veteran has agreed to be seen by a trainee. Veteran is aware of right to see a licensed independent practitioner. Veteran has appropriate contact information for supervisor of record, XX. Case will be continuously reviewed in supervision.\*\*\*\*\*

In addition, the Veteran and the intern complete the “Treatment Agreement for Working with Psychology Trainees” which serves as a written record of the supervisory status, emergency procedures, consumer expectations and procedures for contacting the supervisor. Each trainee will make 2 photocopies (1 for the Veteran and 1 for training records) and send the original to Release of Information.

At the first encounter, each Veteran will be provided a Notice of Privacy Practices (NOPP) and limits of confidentiality will be reviewed. A statement indicating that this has occurred will be added to the note associated with the first encounter. Copies of the NOPP can be found here:

[http://vaww.lasvegas.va.gov/privacyOfficer/VA\\_Notice\\_of\\_Privacy\\_Practices.asp](http://vaww.lasvegas.va.gov/privacyOfficer/VA_Notice_of_Privacy_Practices.asp)).

### **Intake/Diagnostic Evaluation Supervision Policy**

1. The supervising staff member remains available in the area for the entire duration of the Intake/Diagnostic Evaluation.
2. The supervising staff member introduces themselves to the Veteran and fully explains to the Veteran the intern’s status as a trainee and the nature of the supervisory relationship.
3. The Veteran must agree to the terms of the supervisory relationship in order to proceed.
  - The Veteran’s agreement to the terms of the supervisory relationship is conspicuously noticeable and fully described in the narrative of the diagnostic evaluation (i.e., the Veteran health record; see text in preceding section).
  - If the Veteran does not agree to the terms of the supervisory relationship, the supervising staff member completes the diagnostic evaluation independently.



4. The supervising staff member provides the Veteran their contact information (i.e., name, credentialed profession, position in the medical center and extension number).
5. The supervising staff member is present during discussion of the presenting issue/chief complaint and risk assessment as appropriate.
6. The supervising staff member, the trainee and the Veteran negotiate a treatment plan appropriate to the Veteran's self-articulated recovery plan.
7. The supervising staff member coordinates all emergency services and assumes all clinical responsibility.
8. The supervising staff holds full responsibility that the treatment plan is completed per medical center standards.

## Learning Experiences

Orientation: During the first week (or longer depending on matriculation timing and service needs) of entrance into the Psychology Internship Program, interns are introduced to the policies and procedures of the Psychology Internship Program, as well as pertinent information about the overarching Behavioral Health Service and the Medical Center.

Each supervisor describes the learning opportunities available within the rotation they supervise during individual and/or group meetings. Interns meet individually with the Training Director to discuss strengths and weaknesses in previous training, and to discuss how residual training needs may be met within the PIP. On the basis of this information, along with program evaluations by previous interns, the interns craft their training plans in coordination with supervisors and the Training Director.

## Rotation Structure

Rotation placements are the learning settings negotiated between interns and training staff. The goal is for interns to broaden their experience and enhance their competence. The internship year is divided into three 12-month rotations. This division of time is designed to allow for breadth and depth of experience in core areas. The general rotation structure is depicted below.

Psychology Predoctoral Intern Rotational Structure	<p>Core Area: 16 Hours General Mental Health (may be at locations other than the main hospital)</p> <p>Area of Emphasis: 16 hours ADTP, PTSD, PCMHI, or Inpatient</p> <p>Minor Rotation: 4 hours EBP</p>
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Interns may expect to spend approximately 25 to 30 hours of a 40 hour work week engaged in clinical care activities across rotations.

## **Comprehensive Assessment Requirement**

Psychological assessment is a unique competency of the professional psychologist. Intermediate to advanced skill in this domain is an APA accreditation requirement. The PIP designs training experiences that include opportunities to further develop competency in producing professional level assessments and reports relevant to training goals and career aspirations. In addition to any rotation specific assessments and report writing, interns are required to complete six integrated psychological evaluations/reports during the year. These evaluations should be based on a combination of three or more assessment instruments and/or methods that are widely accepted, empirically supported, and clinically informative. The selected assessment instruments must be approved by the supervisor and the Training Director. These evaluations must result in an integrated report, which demonstrates the intern's ability to integrate complex assessment information into a coherent and concise narrative. These assessments may be supervised by the intern's supervisor or by another staff member (most commonly a neuropsychologist) with appropriate expertise relevant to the referral question. These assessments are to be performed to enhance patient care, and are to be written and submitted to the supervisor within one week from the last day of testing. Specifically, initial report drafts are to be completed within five business days of the last day of testing and submitted to the supervisor. Results are to be conveyed to the referring source with appropriate urgency. Therefore, final revisions will be submitted to the record within 72 hours after the supervisor returns the draft to the intern. All integrated reports must be completed, co-signed, and entered into the medical record no less than one month prior to the end of the internship. A record of all integrated reports must be submitted to the Psychology Training Director no less than one month before the end of the internship, and that record will become a part of the intern's file as documentation of integrated report writing experiences during internship.

## **Recording and Transcription Requirement**

Interns are required to complete a total of four 5-minute transcriptions of recorded sessions over the course of the first 6 months of the training year with two 5-minute transcriptions required from the core General Mental Health rotation and two 5-minute transcriptions required from the Area of Emphasis rotation (i.e. PCMHI, PTSD, ADTP, or Inpatient). Of note, these are independent of the required recordings for the EBP for PTSD rotation. Interns will also complete self-critiques and provide these to primary rotation supervisors along with each transcription.

Interns will then provide monthly recordings of sessions during the second 6 months of the training year to primary rotation supervisors along with selected 5-10 minute time frames to focus on during supervision. Interns will also provide a writeup of areas identified by the Intern to be in need of improvement along with selected times for the primary rotation supervisor to review and discuss during supervision.

## **Intern Case Conference Series**

Interns will be required to present one psychotherapy case during the training year. These presentations will be attended by supervisory staff, interns, and practicum students. Specific instructions regarding the format of psychotherapy case conferences will be provided to interns during orientation. Presenters are responsible for deleting recorded sessions and written materials after the conclusion of the case presentation as appropriate.

For psychotherapy case conference presentations, recording of one patient is required for each presentation with several selected 5-minute portions recommended. Presenters are expected to establish goals for the presentation and should aim to present cases with which the presenter has some difficulties and desires feedback. Cases involving complex diagnostic, conceptualization, countertransference, therapeutic strategy, or therapeutic obstacles would all be appropriate. Fellow Interns will be expected to initiate participant discussion and take an active role in providing feedback to the presenter regarding the therapeutic process or other aspects of the presentation. The presenter will be evaluated on an informal, proximal basis during supervisor Training Committee meetings. If the intern's presentation is deemed unsatisfactory for an intern in training, supervisors will meet with the psychotherapy supervisor of the presenting intern to offer feedback and guidance.

## **Mentorship**

A mentor is defined by the American Psychological Association as “an individual with expertise who can help develop the career of a mentee” (APA, 2006). Mentors guide, train, advise, and promote the career development of their mentees. APA further establishes two primary functions for mentors. The career-related function defines the mentor as a coach who provides advice to enhance the mentee's professional performance and development. The psychosocial function defines the mentor as a role model and support system for the mentee. Both functions provide invaluable guidance related to professional development as well as general work-life balance.

The VA Southern Nevada Healthcare System is committed to the professional development of interns and strongly encourages interns to work with a mentor during the training year. Members of the Psychology Service interested in serving as mentors have completed an application that is reviewed by the Training Director, Associate Training Director, and Chief of Psychology. A list of names and clinical, research, and professional interests of each mentor is provided to interns at the beginning of the training year. Interns will then have an opportunity to select a mentor that matches closely with their interests, goals, and styles. The relationship between the mentor and the mentee is non-evaluative and provides an opportunity for interns to build a relationship with an established psychologist who provides support, guidance, and modeling. Meetings between mentors and mentees will occur at least once per month and specifics regarding mentorship will be established during their initial meeting.

## Seminars and Education

The training consequent to experiential clinical learning is supported by internship seminars and by educational programs offered in the larger Medical Center community. The Psychology Internship Program offers no less than 50 hours of didactics/seminars during the training year, generally held on a weekly basis. They will be specifically oriented to the training needs and interests of the interns. Feedback regarding seminars is used to help guide the content of future seminars and educational opportunities. Near the mid-point of the year, Interns each present a 30 minute seminar on a research related topic. Interns present a 60 minute seminar at the end of the year. This presentation can be related to one's dissertation topic, a case presentation, a job talk, etc.

To encourage lifelong learning, interns are further expected to complete 8 hours of additional education offered through the Medical Center, UNLV, UNSOM, or an appropriate professional organization (e.g., APA, SBM, ABCT). Of note, various services within the medical center sponsor educational offerings pertinent to psychology. Interns document the 8 hours of additional education on a "Continuing Education Record", which is submitted to the Training Director at the end of the internship year, and placed in the intern's file.

Interns are released from their clinical duties during scheduled internship seminars and other approved meetings. Release time to attend other educational programs is negotiated with the supervisor, taking into account patient-care responsibilities and clinic coverage issues. Authorized absence may be granted for travel and attendance at professional meetings, as described elsewhere.

The PIP includes the following didactics and seminars:

- Internship Seminar: The Internship Seminar functions to augment program competencies via interactive and didactic presentations. Seminars are also influenced by Intern learning plans; Topics likely include overviews of therapeutic techniques and modalities, diversity issues, inter-collaborative practice, military culture, psychopharmacology, etc.
- Assessment Seminar
- Evidenced-based Psychotherapy for Seminar/Group Supervision: The Evidence Based Psychotherapy Seminar serves to prepare Psychology Interns to competently provide evidence based psychotherapy through an in-depth examination of the history of evidence based practice, and the theoretical and clinical application of suitable evidence based assessments and therapeutic modalities to include: Cognitive Processing Therapy (CPT) for PTSD, Prolonged Exposure (PE) for PTSD, Cognitive Behavior Therapy for Insomnia (CBT-I), Acceptance and Commitment Therapy for Depression (ACT-D) and Cognitive Behavioral Therapy for Chronic Pain (CBT-CP).

Writing Assignment: At the beginning of the training year each Intern will be presented with a writing assignment to be turned in to the training director. This allows the Training Committee to determine the extent to which writing skills need to be addressed in supervision.

Supervision of Supervision is another training element that may be offered during the training year. Connected to the competency of supervision to trainees, the PIP may include laddered supervision wherein Interns augment supervision on select practicum trainee cases under the close supervision of a licensed psychologist. The provision of supervision by Interns is supported in multiple ways, including Interns mandatory participation in a year-long didactic and mentoring seminar on supervision techniques and standards.

### **Intern/Training Director Meeting**

Thirty minutes to one hour per week is set aside for interns to meet together with the Psychology Training Director as a group, in order to provide peer supervision, a forum for mutual professional support, and as an opportunity to practice the development of collegial professional relationships. This meeting is also specifically designed for the program to receive information from interns and to inform potential programmatic adjustments as appropriate. Interns are released from competing activities at this time.

### **Intern Socialization Meeting**

On the 3<sup>rd</sup> Monday of each month the four Psychology Interns will meet from 3:30-4:30pm for an unstructured, non-evaluative meeting. This time will be used to ensure the opportunity for appropriate peer interaction, support, and socialization. Interns will also discuss any feedback or suggestions to be provided by the Training Committee Intern representative at the next scheduled Training Committee meeting.

### **Diversity Didactic**

On the 3<sup>rd</sup> Tuesday of each month the Psychology Interns are required to attend the Diversity Didactic which is open to all Psychologists and in some cases, open to everyone within Behavioral Health and Social Work services. The didactic series focuses on different cultural influences and aspects of cultural identity; and how these themes interact with the structures of everyday society. As part of professional development, the Psychology Interns will pair up with a staff member of their choice to develop and present one (1) Continuing Education (CE) program. Interns can choose a topic from a provided list or present on a topic of their choosing. As we aspire to have diversity work interwoven in the fiber of our practice and service, every 4<sup>th</sup> Tuesday of the month, the Psychology Interns will meet as a smaller group with the Diversity Committee Chair to provide a space to reflect on the prior week's Diversity Didactic. To help with preparation, please note, Psychology Interns will receive training on how to conduct CE programs at the beginning of the year.

## **Staff Meetings**

Interns are encouraged to participate as members of the Medical Center's professional community. Attendance at staff meetings, schedule permitting, provides interns with an opportunity to learn about the administration of health care, interprofessional relationships, and institutional considerations that affect practice and professional life. Mental Health Staff Meetings occur on the 3<sup>rd</sup> Thursday of the month from 2:00-4:00pm. Staff meetings at outpatient and specialty clinics vary based on site.

## **Professional Meetings**

Interns are encouraged to attend professional meetings and conventions of their choice, as a means of participating in the larger professional world and to pursue individual professional interests. Authorized absence is granted for such activities in an amount comparable to other Psychology staff (see the leave section for more details). Absences for such meetings must be discussed with the supervisor and subsequently approved by the Psychology Training Director.

## **Research**

The internship is conceptualized as a clinical immersion experience. However, interns may conduct research as appropriate. The internship provides opportunity to develop studies related to their field of study when an appropriate supervisor is available.

## **Library and Information Resources**

The Medical Center library is available to staff and interns. The library provides access to electronic searches and electronic professional journals. The VHA National Desktop Library can be access through the following (<https://www.va.gov/library/>).

## **Placement Selection and Approval**

### **Assessing Training Needs and Goals**

During orientation, interns are asked to consider their clinical strengths and weaknesses and formulate training goals. Interns meet individually with the Training Director to discuss immediate and distal professional goals. The Training Director is an important resource in terms of crafting individualized training plans in service of training goals and needs.

At the beginning of each rotation, interns complete a narrative on rotation goals, which requires them to describe their individual learning goals as they relate to the specific rotation (see Expected Learning Outcomes below). A copy of the rotation goals narrative (i.e. Learning Plan) is provided to the supervisor and the Psychology Training Director, so that the supervisor and Psychology Training Director may best assist the intern in meeting his or her training goals. Each rotation goals narrative is placed in the



intern's file. Triannually, interns evaluate themselves in order to refine goals and reflect on continued goals and growth areas. Also triannually, supervisors meet to evaluate interns' performance, measured with an eye toward each intern's stated goals, the standard of practice in the clinical settings, and the expected learning outcomes of the internship program. This group may make recommendations to interns regarding future training experiences based on supervisor evaluations.

In a situation where an intern is seen as having a serious deficit in knowledge or skills in a fundamental area of practice, the Training Director may recommend, or the Training Committee may require, particular training experiences for an intern. The Training Committee would make such a decision only after considering input from the supervisors and the intern.

### **Obtaining Rotation Information & Rotation Negotiation**

We intend that interns have as much information as possible before the placement selection begins. There are numerous sources of information available regarding the various placements: the Internship Brochure and Manual, the supervisors' discussions during interview day, contacts between incoming interns and program alumni, discussions with potential supervisors, and discussion with the Training Director.

Prior to orientation week, incoming interns will be contacted to discuss their preferences for emphasis area rotations. They are provided the opportunity to ask further questions and are advised that they may not receive their first choice. Examples in which the intern would not receive their first choice include the Training Committee determining that this would not be in the best interest of their training needs or the rotation is no longer available.

### **Constraints in Rotation Negotiation**

While there is an institutional desire to accommodate training goals in the rotation selection process, there are also important constraints:

- All Interns must participate in General Mental Health as the major rotation.
- Each supervisor can have the equivalent of two full time interns at a time.
- Each intern must participate in an emphasis area (PCMHI, Substance Use Disorders, PTSD or Inpatient Care).
- While additional training opportunities are available under certain circumstances, they occur at the approval of the supervisor of the rotation affected.
- Due to organizational restructuring and a number of other predictable and unpredictable events, some rotations may not be available for interns during the

training year.

- In the event that an intern is deemed to have a deficiency suggesting that specific training experiences are required in an effort to remedy this deficiency, the Training Committee may require particular training experiences of an intern. Such requirements may impact the rotation structure.

## **Rotation Closures**

Rotations shall be closed to interns when they do not offer learning opportunities congruent with the mission and intended quality of the Psychology Internship Program. This may occur when, for example, there is administrative reorganization having untoward effects on training, when the supervising psychologist position is vacant or the supervisor is on extended leave, or when intern feedback indicates that a rotation does not provide an appropriate or adequate training experience.

A supervisor may request administrative closure of a rotation. Under some circumstances, the Training Committee, the Training Director, the Service Chief, or the intern group may be the initiator of the request for rotation closure. The Training Committee must consider all requests for rotation closure.

If a rotation receives unfavorable evaluations that suggest an improper training environment, the Training Committee may recommend closure. The TC's closure recommendation shall include documentation of training deficiencies (e.g., lack of appropriate supervision). The supervisor of that rotation accordingly holds the responsibility to formulate a plan to remedy, with the guidance of the Training Director and the Service Chief. Evidence of correction shall be presented to the Training Committee and put to a vote. A unanimous vote shall result in reinstitution of the rotation.

## **Changes in Rotation Placements**

Under certain circumstances, it may be appropriate for an intern to change rotation placements or supervisors. This may occur, for instance, when there are unanticipated personnel or administrative changes on a unit that negatively impact an intern's learning opportunities. Alternatively, it might happen that an intern and supervisor conclude that the present rotation does not provide a good learning atmosphere for the intern. With the consultation of the Training Director and current supervisor, the intern may change rotation placements or supervisors. After appropriate consultation with a new supervisor, the intern will request Training Committee approval of the new rotation placement and training plan. These procedures do not apply in the event that there is a question as to whether or not the intern will satisfactorily complete the internship. Those procedures are described below in the Insufficient Competence section.

## **Rotation Descriptions:**

**General Mental Health Rotation (16 hours per week; 12 month rotation Core Area): Lawrence Lyon, Ph.D.; Barbara Wells, Ph.D.; Stacey Cherup-Leslie, Ph.D.; Micol Levi-Minzi, Psy.D.; Ryan Graham, Ph.D.; Elizabeth Briggs, Psy.D.**

This element of training may be completed either at the VA Medical Center, an outpatient clinic in the VRC (Veterans Recovery Center), BHIP (Behavioral Health Integration Program) or PCMHI (Primary Care Mental Health Integration Program). Training will not be completed solely in PCMHI as this involves primarily short-term treatment and assessment. The general mental health rotation has a main focus on exposing the intern to a wide range of presenting problems, both short- and long-term treatment modalities. Integrated clinics provide expansive medical and mental health treatment with an emphasis on providing integrated care among disciplines to assure treatment optimization. Interns will be involved in an interprofessional collaborative mental health program team often consisting of providers from psychology, psychiatry, social work, and nursing. The intern may anticipate conducting individual, couples, and group psychotherapy for Veterans from diverse socioeconomic, cultural, and ethnic backgrounds. Veterans served are anticipated to present with diverse levels of functioning, capability and symptom intensity. Opportunities for interns to experience working with co-occurring mental health diagnoses as well as serving Veterans with concomitant medical problems (i.e. pain, traumatic brain injury and ambulatory problems) will be available. Treatment at VASNHS emphasizes the application of Evidence Based Psychotherapy (EBP) approaches under the supervision of Veterans Affairs EBP providers. This rotation affords the student an opportunity to provide clinical assessment that includes psychometric testing for differential diagnosis, risk assessment, and screening cognitive of functioning.

**Primary Care Mental Health Integration Rotation (16 hours per week; 12 month rotation Core Area): Robert Moering, Psy.D.; Stacey Cherup-Leslie, Ph.D.; Elizabeth Briggs, Psy.D.**

Primary Care Mental Health Integration (PCMHI) is a relatively new patient care line within the Mental Health Service at the VA Southern Nevada Healthcare System (VASNHCS). The mission of PCMHI is to improve the health care of veterans by increasing the integration of behavioral health prevention and treatment services into the primary care setting. Interns completing the Primary Care Mental Health Integration rotation will have the opportunity to function as an active member of an interprofessional team within the primary care clinic. Primary Care Mental Health Integration is an interprofessional outpatient mental health service embedded within primary care. VASNHCS has four primary care clinics located across the valley, as well as one within the main hospital. A primary function of this rotation is to provide interns with experience and training in providing patient-centered care while working collaboratively with providers from other professions. Psychologists operating in this clinic perform a

variety of clinical and consultative functions to include initial assessment, treatment planning and care coordination with providers from other disciplines, and brief individual and group psychotherapy and psychoeducation for veterans within a primary care setting. The treatment focus is on the treatment of mental health conditions delivered within primary care. Treatment modalities commonly used include psychoeducation, behavioral activation, motivational interviewing, mindfulness-based interventions (e.g., Acceptance and Commitment Therapy), and relaxation training (to name a few). Interns gain experience in treatments for health behavior change for tobacco cessation, weight management, diabetes management, and substance use. Finally, interns have the opportunity to participate in the national PCMH competency training offered annually. Veterans receiving care in this clinic are quite diverse in age (late teens to 90+), ethnicity, gender, and presenting concerns. The Primary Care Integration/Health Psychology rotation is available as a full-time rotation

**The Addictive Disorders Treatment Program (ADTP); (16 hours per week; 12 month Area of Emphasis): Jason Mouritsen, Psy.D., ABPP; Alexandria Moorer, Psy.D.**

ADTP is staffed by a collaborative interdisciplinary team and is designed to support care within both abstinence based and harm reduction frameworks. In ADTP, there are multiple training opportunities in the assessment and treatment of addictive disorders and co-occurring conditions. Las Vegas is unique in that ADTP includes a long-standing program aimed at recovery from problematic gambling. ADTP services address the continuum of recovery from initial engagement and contemplation of change through long-term recovery. Treatment addresses an array of difficulties, including affective disorders, psychoses, substance-induced affective or psychotic symptoms, trauma and other stressor-related disorders, anxiety disorders, cognitive impairment, personality disorders, and comorbid medical problems. Treatment approaches focus on a biopsychosocial model and include Cognitive Behavioral Therapy, Motivational Interviewing, Medically Assisted Recovery, Twelve Step Facilitation, and case management aimed to enhance well-being. Interns will carry a caseload of patients that are seen for individual therapy and will also co-facilitate groups. Interns may co-facilitate groups in the Intensive outpatient Program (IOP) or other skill based or process groups including Cognitive Behavioral Therapy for Substance Abuse Disorders (CBT-SUD), Seeking Safety, Motivational Enhancement, Mindfulness, and other semi-structured process and education groups.

**The Post Traumatic Stress Disorder (PTSD) Clinical Treatment Team (16 hours per week; 12 month Area of Emphasis): Nicole Anders, Psy.D.; Selena Smith, Psy.D.; Christian Larco, Psy.D.**

The PTSD Treatment Program offers an interdisciplinary training environment in which interns refine skills in the areas of assessment, treatment planning, individual therapy and group therapy. This program currently offers three tracks for patients to enter into: Combat-related PTSD, Non-combat related PTSD, and Military Sexual Trauma related

PTSD. Staff members at the VASNHS developed a treatment program based specifically on the needs of Veterans diagnosed with PTSD related to their traumatic experience. The PTSD Treatment Program consists of 2 phases. Veterans are fully assessed by clinicians in order to determine program eligibility and treatment needs. During Phase I, Veterans are required to attend a skills group (specific to their track) and engage in individual psychotherapy. Depending on the track, the skills group offers a variety of psychoeducation, skill building, cognitive processing, and mind-body work. During Phase II, Veterans are offered the option of attending groups specific to their individual needs. These groups include: Anger Management, Image Rehearsal Therapy for Nightmares, Mind-Body Group, Yoga for PTSD, Acceptance and Commitment Therapy, Mindfulness-Based Stress Reduction, PTSD and Addictions, Cognitive Processing Therapy, Cognitive Behavioral Therapy for Depression, Positive Psychotherapy, Cognitive Behavioral Therapy for Chronic Pain, Stress Management, and Posttraumatic Growth. This rotation provides interns with a foundation in trauma and specialized skills in assessment, diagnosis, and treatment of PTSD.

**Acute Inpatient Psychiatric Unit (16 hours per week; 12 month Area of Emphasis): Leah Dockler, Psy.D.**

This rotation is on an acute care, co-ed general psychiatry locked ward. The average length of stay for patients on the unit is approximately five days; however, this may change depending on the needs of the patient. A variety of disorders are represented, including schizophrenia, post-traumatic stress disorder, mood disorders, anxiety disorders, substance use disorders, and personality disorders. The intern will be a member of an interdisciplinary team consisting of nurses, social workers, psychiatrists, psychiatric residents, a psychologist, and a pharmacist. The unit is already an active teaching unit, providing training to psychiatric residents on a year-long basis. The intern's role will be to conduct individual and group therapy with the patients. The intern will have the opportunity to be involved in intake interviewing, developing and carrying out a treatment plan, coordinating discharge planning, and writing a discharge summary. The intern will sit in on the interdisciplinary treatment team meeting and will be expected to provide input when appropriate. The intern will have the opportunity to perform some formal psychological assessments on an as needed basis. Overall, this rotation will give the intern training in the assessment and treatment of severe psychopathology utilizing a variety of modalities. These modalities include individual, group, family, milieu, and pharmacological therapies. The intern will receive training in interdisciplinary treatment team functioning and will be exposed to the environment and dynamics of an inpatient psychiatric unit and modern hospital care. Supervision will be provided by the unit psychologist.

**Evidence Based Psychotherapy (4 hours per week; 12 month rotation): Nicole Anders, PsyD; Stacey Cherup-Leslie, PhD**

VA-approved Evidence Based Psychotherapy (EBP) protocols are the focus of this required minor rotation. Trainees will acquire skills in specialized assessment,

diagnosis, and treatment. Treatment protocols derive from competency-based training models developed by VA and other leaders in the field, and include live instruction workshops, followed by weekly individual and/or group case supervision and review. The following psychotherapy protocols will be available for instruction: Cognitive Processing Therapy (CPT) for PTSD, Prolonged Exposure (PE) for PTSD, Cognitive Behavior Therapy for Insomnia (CBT-I), Acceptance and Commitment Therapy for Depression (ACT-D) and Cognitive Behavioral Therapy for Chronic Pain (CBT-CP). Individual and group psychotherapy modalities will be utilized based on Veterans' needs. Interns will be expected to complete a minimum of 2 full protocols of EBPs. Of note, trainees are encouraged to complete an additional 2-4 EBP protocols throughout the year to adequately develop their skill sets in this rotation.

### **Patient Care & Research Subject Contact outside the VASNHS Facilities**

All assignments of the internship must be formalized by the approval of the Training Committee. This includes activities both within and outside the VASNHS premises. Assignments at institutions outside the VA must be formalized by written contract between the agency and the VA. This contract specifies supervisory responsibility, intern and supervisor expectations, and the legal obligations of both institutions. The proposed contract must be vetted through VASNHS Behavioral Health and overarching administrative units. Patient or research subject contact outside of the parameters of the internship are explicitly prohibited until written approval is obtained from the Training Director, the Behavioral Health Service Chief, the Chief of Psychology, the Associate Chief of Staff for Education, and the VASNHS Director.

Professional activities involving patient or research subject contact, consultation or research occurring outside the auspices of the internship program are also outside the purview of this institution and VA liability is not extended for such activities. An intern engaging in such activity on his/her own is responsible for any action that may be taken against him/her in connection with this activity. The intern is expected to inform the Training Director of any such activities, and will be asked to sign a form acknowledging their responsibility for the outside activity.

### **Expected Competencies**

The Internship in Health Service Psychology at the VA Southern Nevada Healthcare System is a generalist program and is designed towards facilitating the development of core professional competencies expected of an entry level psychologist. The program encourages both refinement and expansion of competencies. The opportunity for development in an area of emphasis is included in the program's structure. Several other program components (e.g., didactics, Evidence Based Psychotherapy (EBP) Seminar, and Assessment Seminar) provide opportunities for development of competencies. The Psychology Internship Program focuses on the acquisition of intermediate and advanced skills in the following competency domains that closely parallel the Standards of Accreditation set forth by the Commission on Accreditation. There are expectations of continued growth and engagement with a greater degree of



independence throughout the training year and across rotations for each of the competencies.

1. **Scholarly Inquiry and Application of Scientific Knowledge:** In line with the practitioner-scholar model, interns demonstrate the ability to integrate science and practice. They demonstrate the ability to critically evaluate research and scholarly activities and work towards dissemination of this information (e.g. case conferences, presentations, publications) at the local (including the host institution), regional, or national level. Interns continue their exposure to scholarly activities through active participation in the Evidenced-Based Therapy Seminar, reading manuals and articles recommended by supervisors, and attending off-site conferences/trainings.
2. **Ethical and Legal Standards:** Interns demonstrate an intermediate to advanced level of knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations. They will demonstrate the ability to think critically about ethical dilemmas/issues, utilize ethical decision-making processes, and seek consultation when confronted with ethical dilemmas. Interns will conduct themselves in an ethical manner in all professional activities.
3. **Individual and Cultural Diversity:** Interns show understanding of and thoughtfulness to diversity issues in the practice of Psychology. They possess an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. Interns seek out information about cultural/diversity characteristics and/or seek supervision when confronted with unknown diversity issues. Interns demonstrate the ability to independently apply their knowledge and approach in working effectively with a range of diverse individuals and groups encountered during their training. Attention to diversity will be incorporated in all areas of practice.
4. **Professional Values and Attitudes:** Interns demonstrate skill in conducting themselves with integrity, deportment, and accountability. They possess an appropriate level of confidence and are introspective regarding their status as developing Psychologists. They prepare for and utilize supervision effectively, and demonstrate an ability to self-reflect as it relates to their personal and professional functioning and growth. In all professional contexts, interns demonstrate a concern for the welfare and general well-being of others.
5. **Communication and Interpersonal Skills:** Interns possess the ability to develop and maintain effective relationships with Veterans and their families, colleagues, other staff members, peers and members of the community/non-VA organizations. Oral, nonverbal, and written communication is clear, informative, well-integrated, and reflects

a thorough grasp of professional language and concepts. The intern possesses effective interpersonal skills that allow he or she to effectively manage interpersonal challenges and conflictual relationships.

6. Assessment: The Intern will demonstrate appropriate diagnostic interviewing skills, engage in differential diagnosis utilizing the DSM-5, and demonstrate the ability to select appropriate assessment methods to address the presenting problem. The Intern will demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology. Selection of assessment methods, interpretation of results, and recommendations will be made based on the empirical literature. Interns will demonstrate competency in administration and interpretation of personality, cognitive, and neuropsychological assessment tools. Interns will display the ability to communicate findings and recommendations orally and in writing in a clear and concise manner.

7. Intervention: Interns demonstrate competency in conducting interventions across a range of presenting problems and populations. Interns demonstrate a working understanding of empirically supported therapeutic approaches for specific diagnostic areas. They develop evidence-based intervention plans specific to service delivery goals. Interns display clinical decision-making informed by relevant scientific literature, assessment findings, diversity characteristics, and contextual variables. Interns modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking. They effectively maintain therapeutic relationships and discuss issues of confidentiality and informed consent. Interns monitor or evaluate progress of interventions using appropriate measures or methods. Interns plan for and manage termination issues appropriately and sensitively.

8. Supervision: Interns demonstrate understanding of theories and methods of supervision and demonstrate the ability to apply such understanding. Interns demonstrate competency in supervising other trainees under the supervision of appropriately qualified Psychology staff. Interns demonstrate the ability to provide feedback appropriate to the developmental level of the supervisee and handle resistance/challenges in the supervisory relationship.

9. Interprofessional Collaborative Practice and Systems Understanding: The ability to practice within an interdisciplinary and dynamic medical community lies at the base of evolving competencies in professional psychology. Interns are expected to demonstrate capacities in shared decision making, and effective interprofessional relations. Interns demonstrate the ability to advocate for the role of psychology while also having an appreciation for the roles of other professionals. They demonstrate the ability to communicate and interact effectively in interprofessional practice.

## **Evaluation of Intern Progress**

### **Overview**

Multiple evaluation methods are used in the Psychology Internship Program. Timely and specific feedback is essential to high quality supervision. Ongoing formative evaluation is routinely exchanged as a normal part of supervisor-intern daily interactions. In addition, written evaluations are completed triannually (summative evaluation).

Evaluations focus on the program's expected competencies, taking into account the learning goals and activities identified by each intern in his or her individualized learning plan. Evaluations are discussed between the intern and the supervisor and may be modified by their consensus before being finalized.

It is expected that supervisors have previously identified and addressed with the intern any concerns that are documented in summative evaluations. Concerns are not to be raised for the first time in any summative evaluation, but will have been raised earlier during on-going formative evaluations. Interns are given opportunities, over time, to address issues raised in formative feedback. Supervisors meet at least monthly with the training committee. These meetings, in part, serve to identify appropriate supports and resources that may assist interns in attaining program competencies. Interns complete self-evaluations that reflect program performance expectations and self-articulated training goals. Self-evaluations are discussed amongst the supervision team and appropriate resources are made available.

### **Intern Self-Evaluation**

Interns are asked to evaluate themselves. This aids the intern in further developing the professional practices of self-reflection and self-awareness. At the onset of the training year, interns meet individually with the Training Director and primary supervisors to identify strengths and weaknesses relevant to crafting the learning plan. Learning plans and self-evaluations become part of the intern's records/files.

Interns are asked to evaluate their progress triannually with respect to training goals and program competencies. Training goals may be modified as appropriate. In the event that an intern's learning plan is to be substantially revised, the Training Director and the intern's supervisors will present the revisions to the Training Committee and the revised learning plan will be placed in the intern's file following a majority vote to approve the revisions.

### **Informal Evaluation**

Informal evaluation is critical to interns' development. Formative evaluation (e.g., routine clinical and professional feedback) occurs on an ongoing basis across training venues. Formative evaluations are the primary mechanism to provide real-time feedback.

In addition, at the end of the first month, each intern meets individually with the Training

Director to review their adjustment to the internship and further discuss the intern's training plan.

Supervisors engage in an ongoing, bidirectional feedback process wherein the supervisory relationship is discussed and processed in relationship to the summative learning experience. Processing of the supervisor-supervisee relationship and progression toward competencies ensures that challenges may be addressed in a timely manner. This allows the training faculty and administration to have proper opportunity to assist with problem-solving and recommend appropriate supports. Another function of bidirectional feedback processes is the ability to continuously reflect upon the program's areas for potential improvement.

Should faculty develop concern for an intern's progression toward meeting competency standards, it is the responsibility of the supervisor to provide timely feedback. Effective feedback is done in a manner such that the intern can, in the best way possible, benefit from the feedback and has sufficient time to remedy deficiencies. As indicated, the Training Director may be enlisted to aid communication between the involved parties and coordinate a plan of support and remedy.

### **Formal Evaluation**

Interns receive written evaluations of their performance in the program on a triannual basis. Forms are provided to supervisors that structure the feedback specifically to the program's expected competencies. Verbal summative feedback is provided regarding the intern's achievement of her/his individualized learning plan. Evaluation is expected to be as specific as possible, and communicated in a respectful and validating manner. The supervisor and intern discuss the formal evaluation before sending an electronic copy to the Training Director, for review by the Psychology Training Director and placement in the intern's training file. The Training Director keeps a record of evaluations, and compliance with program evaluation policy and the timeliness of evaluations is ensured. A copy of evaluations near the mid-point of internship and the 12-month evaluations are sent to the Director of Clinical Training of the intern's graduate program.

The following rating scale will be used in the formal evaluation:

- 1 Practicum Level (developing skill areas)
- 2 Close supervision needed (mid/ late-practicum level)
- 3 Some supervision needed (intern entry level)
- 4 Little supervision needed (mid/ late intern level)
- 5 Supervision rarely needed (intern exit/postdoc entry level)
- 6 No supervision needed (postdoc exit level)

N/A not applicable

Competency Goal for evaluations completed at 4 and 8 months: No competency area will be rated as a 1 or 2. Exceptions that would warrant a rating of 2 would be in a New Skill area.

Competency Goal for evaluations completed at 12 months: At least 80% of items in competency areas are rated at a 5 or higher. No items in competency areas will be rated as 1, 2, or 3.

Items in a New Skill area do not have to be used in the final percentage calculation.

### **Supervisor's Meeting**

Supervisors meet as a group on a monthly basis to review interns' and other trainees' progress in fulfilling their training goals and progression toward competencies. The primary purpose of this meeting is to collectively discuss roadmaps for training year success, including recommending additional supports where necessary. Should the supervisors group convey additional feedback for an intern as a result of self and supervisor reviews, it is the responsibility of the intern's primary supervisor to discuss such feedback with the intern. As needed, the Training Director may also be helpful in relaying the feedback of the supervisors group. The supervisory group may make recommendations to interns regarding future training experiences. This group acts in an advisory capacity to the Training Director and Training Committee. In addition, the group is responsible for providing feedback to supervisors based upon intern and other trainee feedback.

### **Program Evaluation and Improvement**

A variety of evaluation methods are used to obtain feedback about the performance of the training program. Interns are encouraged to provide input and feedback as a routine part of supervision and mentoring, in their meetings and interactions with other faculty and with the Training Director. Formal program evaluation processes are also employed. Below are descriptions of the various methods by which the program reflects upon itself and endeavors to continuously improve.

1. After completing the first month, each intern meets individually with the Training Director to discuss their adjustment to the internship, their plans for the training year, and their long-term trajectory and aspirations, as well as any concerns or problems they have encountered. The purpose of these discussions is to ensure that program resources can be directed to each intern in a manner that maximizes learning, and so that the Psychology Training Director can best understand each intern's needs and preferences in order to better assist them with advisement and mentoring during the year.
2. As a routine part of supervision, interns are expected to informally exchange

feedback with their supervisor. This exchange can include feedback regarding any aspect of the training program itself, especially including barriers or hindrances that impact the intern's training experience and progress. Any comments or suggestions regarding program quality are additionally welcomed by the Training Director, and are understood to be offered in the spirit of improving our shared learning community.

3. The Intern group meets weekly with the Training Director to discuss professional and programmatic issues. This forum provides a valuable time to bring to the Training Director's attention any difficulties in the program, particularly when they occur at a programmatic level or when they have the potential to impact other trainees. Besides serving as a forum for identifying problems, this meeting can also provide interns with important experience in generating administrative solutions to problems that are likely complex. As such, it can provide real-life administrative experience that will be useful in the interns' next career stages.
4. Each intern meets individually with the Training Director during the last weeks of the training year to review the internship experience and to offer comments and suggestions for improving the training program.
5. Each intern has the opportunity to sit on the Training Committee (TC) as a voting member, thereby providing the class with formal representation on the body that develops training program policy. All meetings of the TC are open to faculty, practicum trainees and interns (with the exception of meetings devoted to confidential personnel issues or trainee performance reviews). Interns are welcome to submit agenda items for consideration by the TC, and are welcome to speak on any issue under discussion. This venue provides an important opportunity for interns to provide feedback and input that directly shapes the training program.
6. Selection of incoming interns and practicum students is a significant annual activity of the training program. Selection committees are formed each year for both training programs. These committees are an important venue for program self-reflection and change, stimulated by the discussion of individual applicants that necessitates a parallel discussion of program values, aims, activities and resources. Interns are encouraged to participate on the internship selection committee. Participation on this committee allows interns to shape and influence the training program, and provides additional valuable administrative experience in education program design and personnel selection.

### **Formal Program Evaluation by Interns**

#### **Supervisory and Program Evaluations**

Extending beyond the informal exchange of feedback occurring between interns and faculty, interns also complete written summative evaluations of the internship rotations



at the middle and end of each rotation. The evaluation forms are structured to elicit specific feedback about the quality of supervision in its various aspects, as well as the program's effectiveness in promoting the interns' attainment of the program's competencies. These evaluations are discussed between intern and supervisor, and submitted to the Training Director for review and placement in the interns' training files and forwarded to the Director of Clinical Training of the interns' home doctoral programs. These evaluations are intended to provide direct feedback to supervisors and the Psychology Training Director as a means of improving program quality.

## **Alumni Survey**

The program surveys interns after completion of the program. The survey form solicits the interns' ratings of the program's effectiveness in promoting their attainment of the program's expected competencies, as well as information about basic career attainments consistent with the program's scholar-practitioner aims (i.e., employer, job title, licensure status, advanced certification, peer-reviewed presentations and publications, leadership positions). Alumni data is compiled by the Psychology Training Director and reviewed by the Training Committee and faculty as important input to the program's continuous self-review and quality improvement.

## **Grievances**

The Psychology Internship Program follows the ideal that challenges are resolvable through professional interactions between interns and supervisors. Interns are encouraged to first discuss any problems or concerns with their direct supervisor. Supervisors are expected to be receptive to issues raised and respond with decorum in a solution-focused manner. If professional discussions do not produce a satisfactory resolution to the issue raised, the Psychology Internship Program offers several avenues of pursuit which are available to trainees.

## **Informal Mediation**

An intern or a faculty member party may ask the Psychology Training Director to act as a mediator in efforts to resolve issues. Alternatively, the Psychology Training Director may be asked to help select a mediator who is agreeable to all parties. Mediation may facilitate a satisfactory resolution through continued discussion. Alternatively, mediation may result in recommended changes to the learning environment, or a recommendation that the intern change rotations in order to maximize their learning experience. Interns may also request a change in rotation assignment, following the procedures described in a previous section. Changes in rotation assignments must be reviewed and approved by the Training Committee.

## **Formal Grievances**

In the event that informal avenues of resolution have been ineffective, or in the event of

a serious grievance, the intern may initiate a formal grievance process by sending a written request for intervention to the Psychology Training Director.

1. The Psychology Training Director will notify the Chief of Psychology of the grievance and call a meeting of the Training Committee to review the complaint. The intern and supervisor will be notified of the date in writing that such a review is occurring, and given an opportunity to provide the Training Committee with any information regarding the grievance. The Director of Clinical Training at the intern's graduate school will be informed in writing of the grievance and kept apprised of the review process.
2. Based upon a review of the grievance, and any relevant information, the Training Committee will determine the course of action that best promotes the intern's training experience. This may include recommended changes within the placement itself, a change in supervisory assignment, or a change in rotation placement.
3. The intern will be informed in writing of the Training Committee's decision, and asked to indicate whether they accept or dispute the decision. If the intern accepts the decision, the recommendations will be implemented and the intern's graduate program will be informed of the grievance outcome. If the intern disagrees with the decision, they may appeal to the Chief of Psychology, the Training Director, and the Associate Chief of Staff for Education. This appeal must be made in writing within 10 business days of receiving the Training Committee's decision. The Chief of Psychology, the Training Director, and the Associate Chief of Staff for Education will render the appeal decision, which will be communicated to all involved parties, and to the Training Committee. The intern's graduate program will be informed of the appeal and appeal decision.
4. In the event that the grievance involves any member of the Training Committee (including the Psychology Training Director), that member will excuse himself or herself from serving on the Training Committee due to a conflict of interest. A grievance regarding the Psychology Training Director may be submitted directly to the Chief of Psychology for review and resolution.
5. Any findings resulting from a review of an intern grievance that involve unethical, inappropriate or unlawful staff behavior will be submitted to the Chief of Psychology for appropriate personnel action.
6. These procedures are not intended to prevent an intern from pursuing a grievance under other mechanisms available to VA employees, including [EEO](#), or under the mechanisms of any relevant professional organization, including APA or [APPIC](#). Interns are also advised that they may pursue any complaint regarding unethical or unlawful conduct on the part of psychologists licensed in the State of Nevada by contacting the office of the Board of Psychological Examiners (<http://psyexam.nv.gov/>).

## **Policy and Procedures for Problematic Intern Performance and Due Process**

The Psychology Internship Program seeks to actively promote professional growth and development. The program attempts to offer a training context wherein interns can experience sufficient professional safety to recognize, examine, and improve upon the totality of professional functioning. Accordingly, the aim of self-reflection and growth, interns are encouraged to seek continuous feedback and openly discuss growth areas with supervisors. Throughout the training year, supervisors work with interns to further examine both areas of strength and areas for growth. Through professional self-reflection and supervision, the goal is that interns are continuously aware of their progress as measured by performance with respect to their learning plans and overarching program competencies. An additional component of supervision is identification of problem areas or deficiencies. The Psychology Internship Program's goal is to identify and make interns aware of problematic areas or deficiencies as early in the internship year as possible. Early identification of problem areas and continuous formative feedback allow for appropriate opportunities to craft pathways to address the problem area(s) and build upon strengths.

Areas of professional functioning are assessed via informal and formal evaluation processes throughout the training year. Professional behaviors are specifically incorporated into the Psychology Intern Evaluation forms, which are completed triannually by rotation supervisors and interns. All professional competencies, as well as comportment, are monitored continuously and faculty discussions regarding performance are frequent.

### **Definitions of Problematic Intern Performance**

Intern problematic performance is broadly defined as behaviors that interfere or impede professional functioning and may manifest in one or more of the following areas (note: the following is not intended to be exhaustive):

1. (Ethics) Violation of American Psychological Association or Veterans Health Administration professional and/or ethical standards.
2. (Policy Adherence) Non-adherence to the policies, rules and regulations of the Psychology Internship Program, the VA Southern Nevada Healthcare System or the Veterans Health Administration.
3. (Competencies) Evidenced and documented failure to acquire professional skills that reach an acceptable level of competency as measured by overarching program competencies and evaluations.
4. (Comportment) Deficits with respect to controlling personal stress and/or excessive emotional reactions such that a recurrent negative impact on professional functioning is evidenced.

5. (Interprofessional Functioning) Demonstrated deficit in the ability to interact effectively and with proper decorum in an interprofessional collaborative care environment.

With respect to the VASNHS Psychology Internship Program, “problem” refers to a psychology intern’s behaviors, capacities, attitudes, or other characteristics which are perceived to not be in accord or appropriate for professionals in training at the psychology intern level. There may be instances where a problem is seen as serious and commensurate disciplinary action will be taken. Serious problems are likely to include one or more of the following characteristics:

1. the intern does not acknowledge, understand, or address the problem when it is identified;
2. the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
3. the quality of services delivered by the intern is sufficiently negatively affected;
4. a disproportionate amount of attention by training personnel is required, and/or
5. the intern behavior does not change as a function of feedback, remediation efforts, and/or time.

### **Procedures and Due Process**

In the event that a supervisor discerns an intern problem area or deficiency which cannot, in the opinion of the supervisor, be remedied by customary supervisory supports and interventions, the supervisor advises the Psychology Training Director of the problem and/or deficiency. The Psychology Training Director will conduct an investigation of the alleged problem by gathering information regarding the alleged problem and reviewing the intern’s overall performance, which may include, if appropriate, obtaining information from the identified intern.

The Psychology Training Director will then present the information obtained in the investigation to a meeting of the Training Committee and will also advise the Chief of Psychology of the circumstances. The Training Committee will conduct a thorough review of the intern’s performance and the circumstances surrounding the alleged problem, including one or more meetings with the intern to vet his/her account of events. Following investigation, The Training Committee will make a determination via a consensus vote as to whether or not to label the intern "problematic," which denotes the possibility of remediation and/or discontinuation of training. If a problem determination is made, a further decision is made by majority vote of the Training Committee to either (1) construct a remedial plan which, if not successfully completed, would be grounds for termination; or (2) initiate the termination procedure. The Intern will be notified in writing of the decision.

## **Appeal**

Should the Training Committee recommend termination of training or remedial action, the intern may invoke his/her right of appeal to the Chief of Psychology. This appeal must be made in writing within 10 business days. The Chief of Psychology will then conduct a second investigation of the alleged problem by gathering information regarding the alleged problem and reviewing the intern's overall performance, which may include, if appropriate, obtaining information from the identified intern. In addition, the Chief of Psychology may appoint one or more psychologists to assist him/her in responding to the appeal. These psychologists would not be on the Training Committee (nor would have supervised the intern) and may include someone from another APA-accredited program. The Chief of Psychology, the Training Director, and the Associate Chief of Staff for Education will render a written decision within 15 business days. The training program shall abide by the decision of the appeal process.

## **Remedial Action**

An intern who is determined to be “problematic” may also be potentially able to benefit from remedial action. Upon such determination, members of the faculty at the intern's graduate program, including the Director of Clinical Training, will be advised of the Training Committee's “problematic” determination and the Training Committee's recommendation for a “remedial action plan.” In addition to notification, members of the faculty at the intern's graduate program, including the Director of Clinical Training, will be consulted for input into the development of the “remedial action plan.” Following appropriate consultation with the intern's graduate program, the intern will be asked to meet with the Training Committee to discuss the “problematic” determination and to outline the specifics of the “remediation action plan.” When the plan for remedial action has been finalized, including the details of the necessary correction, the intern will receive written explanation of the problematic area, the correction required and the details of the remedial action. The plan will specify the time frame for the completion of the remedial action plan, the corrective action and the procedure for determining that the correction has been adequately achieved. If the correction has not been accomplished, either a revised remedial action plan will be constructed, or Chief of Psychology, the Training Director, and the Associate Chief of Staff for Education will proceed to terminate training of the intern.

## **Types of Remedial Action**

The Psychology Internship Program aims to develop professional competence. It may be the case that an intern is seen as lacking the competence for eventual independent practice due to a serious deficit in skill or knowledge, or due to problematic behaviors that significantly impact their professional functioning. In this circumstance, the

internship program will help interns identify these areas, and provide remedial experiences or recommended resources, in an effort to improve the intern's performance to a satisfactory degree. The problem identified may be of sufficient seriousness that the intern would not complete the internship and not receive credit for the internship unless identified issues are remedied.

Problematic behaviors must be brought to the attention of the Training Director at the earliest opportunity, so as to allow the maximum time for remedial action efforts. The Training Director will inform the Training Committee of the concern, and call a meeting of the Training Committee. There are three progressive types of remedial action to address problematic behaviors:

1. Unless the problem is identified to be of sufficient seriousness that would warrant termination or an automatic Formal Remediation Plan, the intern will initially be placed on an Informal Remediation Plan. The Informal Remediation Plan involves a meeting between the intern, the Training Director, the Associate Training Director, and the intern's supervisors to discuss the identified problem and to develop a plan of action to remediate the problem. As this type of remedial action is informal, it does not need to be reported to the intern's Academic Training Director or to potential postdoctoral training sites.
2. If a problem is not sufficiently remediated through Informal Remediation, or if an identified problem is of sufficient seriousness that informal remediation is not indicated, the Intern will be provided a Memorandum of Problematic Behavior. This written Memorandum will outline the identified problematic behavior as well as formal steps to be taken both by the intern and by Training Committee staff to remediate the behavior. This type of remedial action is reported to the intern's Academic Training Director, however, it does not need to be reported to potential postdoctoral training sites.
3. A Formal Remediation Plan will be initiated if the intern's identified problematic behavior is not sufficiently remediated through the Informal Remediation Plan and/or the Memorandum of Problematic Behavior, or if an initial identified problematic behavior is determined by the Training Committee to necessitate a Formal Remediation Plan. The Formal Remediation Plan and probationary status are outlined as follows:
  1. An intern identified as having a serious deficit or problem will be placed on probationary status by the Training Committee, should the Training Committee determine that the deficit or problem is serious enough that it could prevent the intern from fulfilling the expected learning outcomes, and thereby, not receive credit for the internship.



2. The Training Committee may require the intern to take a particular rotation, or may issue guidelines for the type of rotation the intern should choose, in order to remedy such a deficit.
3. The intern, the intern's supervisor, the Director of Psychology Training, and the Training Committee will produce a learning contract specifying the kinds of knowledge, skills and/or behavior that are necessary for the intern to develop in order to remedy the identified problem.
4. Once an intern has been placed on probation, and a learning contract has been written and adopted, the intern may move to a new rotation placement if there is consensus that a new environment will assist the intern's remediation. The new placement will be carefully chosen by the Training Committee and the intern to provide a setting that is conducive to working on the identified problems. Alternatively, the intern and supervisor may agree that it would be to the intern's benefit to remain in the current placement. If so, both may petition the Training Committee to maintain the current assignment.
5. The intern and the supervisor will report to the Training Committee on a regular basis, as specified in the contract (not less than monthly) regarding the intern's progress.
6. The Director of Clinical Training of the intern's graduate program will be notified of the intern's probationary status, and will receive a copy of the learning contract. It is expected that the VASNHS Psychology Internship Program Training Director will have regular contact with the Academic Training Director (i.e., the intern's graduate institution Director of Clinical Training), in order to solicit input and provide updated reports of the intern's progress. These contacts should be summarized in at least two written progress reports per training year, which will be placed in the intern's file. The intern may request that a representative of the graduate program be invited to attend and participate as a non-voting member in any meetings of the Training Committee that involve discussion of the intern and his/her status in the internship.
7. The intern may be removed from probationary status by a majority vote of the Training Committee when the intern's progress in resolving the problem(s) specified in the contract is sufficient. Removal from probationary status indicates that the intern's performance is at the appropriate level to receive credit for the internship.

8. If the intern is not making progress, or, if it becomes apparent that it will not be possible for the intern to receive credit for the internship, the Training Committee will so inform the intern at the earliest opportunity.
9. The decision for credit or no credit for an intern on probation is made by a majority vote of the Training Committee. The Training Committee vote will be based on all available data, with particular attention to the intern's fulfillment of the learning contract.
10. An intern may appeal the Training Committee's decision to the Chief of Psychology. The Chief of Psychology, the Training Director, and the Associate Chief of Staff for Education will render the appeal decision, which will be communicated to all involved parties, to the Training Committee, and to the Director of Clinical Training of the graduate program.

### **Illegal or Unethical Behavior**

At all times, interns are expected to act in accord with the ethical and legal standards of the profession, including the Ethical Principles of Psychologists and Code of Conduct and the General Guidelines for Providers of Psychological Services of the American Psychological Association. Interns are expected to comply with all applicable state and federal laws, all of the Rules and Code of Nevada Board of Psychological examiners, and the Code of Conduct for Medical Staff of the VA Southern Nevada Healthcare System. In addition, interns are expected to be familiar with and adherent to Medical Center Memoranda and applicable Standard Operating Procedures. Interns are expected to be adherent to all documentation guidelines within rotations. Documentation guidelines are as per the direction of the supervisor as stipulated by the facility's Provision of Care and Scope of Practice documents, as well as best practice standards.

Illegal or unethical conduct by an intern should be brought to the attention of the Psychology Training Director in writing. Any person who observes such behavior, whether faculty, trainee, or other concerned person has the responsibility to report the incident.

- The Psychology Training Director, the supervisor, and the intern may address infractions of a minor nature. A written record of the complaint and action become a permanent part of the intern's file.
- Any significant infraction or repeated minor infractions must be documented in writing and submitted to the Training Director, who will notify the intern of the complaint. Per the procedures described above, the Training Director will call a meeting of the Training Committee to review the concerns, after providing notification to all involved parties, including the intern and Director of Clinical Training of the graduate program. All involved parties will be encouraged to

submit any relevant information and will be invited to attend the Training Committee meeting(s).

- In the case of illegal or unethical behavior in the performance of patient care duties, the Psychology Training Director will seek advisement from appropriate Medical Center resources, which may include the Office of Risk Management, Chief of Staff's Office, VA Police, Human Resources, Information Security and/or District Counsel.
- Following a careful review of the case, the Training Committee may recommend either probation or dismissal of the intern. Recommendation of a probationary period or termination shall include the notice, hearing and appeal procedures described in the above section pertaining to insufficient competence. A violation of the probationary contract would necessitate the termination of the intern's appointment at the VA Southern Nevada Healthcare System.

### **Probation and Termination Procedures**

The Psychology Internship Program aims to develop professional competence. It may be the case that an intern is seen as lacking the competence for eventual independent practice due to a serious deficit in skill or knowledge, or due to problematic behaviors that significantly impact their professional functioning. In this circumstance, the internship program will help interns identify these areas, and provide remedial experiences or recommended resources, in an effort to improve the intern's performance to a satisfactory degree. The problem identified may be of sufficient seriousness that the intern would not complete the internship and not receive credit for the internship unless identified issues are remedied.

A problem of such magnitude must be brought to the attention of the Training Director at the earliest opportunity, so as to allow the maximum time for remedial action efforts. The Training Director will inform the intern and Training Committee of the concern, and call a meeting of the Training Committee. The intern and involved supervisory staff will be invited to attend, and encouraged to provide any information relevant to the concern. The Director of Clinical Training of the intern's graduate program will be notified in writing of the concern, and consulted regarding his/her input about the problem and its remediation.

1. An intern identified as having a serious deficit or problem will be placed on probationary status by the Training Committee, should the Training Committee determine that the deficit or problem is serious enough that it could prevent the intern from fulfilling the expected learning outcomes, and thereby, not receive credit for the internship.
2. The Training Committee may require the intern to take a particular rotation, or may issue guidelines for the type of rotation the intern should choose, in order to remedy such a deficit.

3. The intern, the intern's supervisor, the Director of Psychology Training, and the Training Committee will produce a learning contract specifying the kinds of knowledge, skills and/or behavior that are necessary for the intern to develop in order to remedy the identified problem.
4. Once an intern has been placed on probation, and a learning contract has been written and adopted, the intern may move to a new rotation placement if there is consensus that a new environment will assist the intern's remediation. The new placement will be carefully chosen by the Training Committee and the intern to provide a setting that is conducive to working on the identified problems. Alternatively, the intern and supervisor may agree that it would be to the intern's benefit to remain in the current placement. If so, both may petition the Training Committee to maintain the current assignment.
5. The intern and the supervisor will report to the Training Committee on a regular basis, as specified in the contract (not less than monthly) regarding the intern's progress.
6. The Director of Clinical Training of the intern's graduate program will be notified of the intern's probationary status, and will receive a copy of the learning contract. It is expected that the VASNHS Psychology Internship Program Training Director will have regular contact with the Academic Training Director (i.e., the intern's graduate institution Director of Clinical Training), in order to solicit input and provide updated reports of the intern's progress. These contacts should be summarized in at least two written progress reports per training year, which will be placed in the intern's file. The intern may request that a representative of the graduate program be invited to attend and participate as a non-voting member in any meetings of the Training Committee that involve discussion of the intern and his/her status in the internship.
7. The intern may be removed from probationary status by a majority vote of the Training Committee when the intern's progress in resolving the problem(s) specified in the contract is sufficient. Removal from probationary status indicates that the intern's performance is at the appropriate level to receive credit for the internship.
8. If the intern is not making progress, or, if it becomes apparent that it will not be possible for the intern to receive credit for the internship, the Training Committee will so inform the intern at the earliest opportunity.
9. The decision for credit or no credit for an intern on probation is made by a majority vote of the Training Committee. The Training Committee vote will be based on all available data, with particular attention to the intern's fulfillment of the learning contract.

10. An intern may appeal the Training Committee's decision to the Chief of Psychology. The Chief of Psychology, the Training Director, and the Associate Chief of Staff for Education will render the appeal decision, which will be communicated to all involved parties, to the Training Committee, and to the Director of Clinical Training of the graduate program.

## **Review and Revision of the Training Manual**

The Training Manual is reviewed and edited by the Training Director prior to the arrival of the incoming intern class. Staff and current trainees are invited to recommend changes or revisions. Any revisions made at this time, or earlier during the year, are to be incorporated into the body of the manual in order to accurately reflect program policy. The revised manual is to be distributed to all staff members and incoming interns.

## **Maintenance of Records**

Permanent records will be kept for each Intern in written and/or electronic form. Written records will be kept in a locked file cabinet in the Training Director's office. Electronic records will be kept on a secure network drive.

## **Emergency Plans**

Early in 2020 the world faced an unprecedented global crisis with the COVID19 pandemic. VASNHS Training Committee was fully supported by leadership to quickly devise emergency procedures to maintain the productivity, integrity, and rhythm of the training program with minimal impact on our trainees. Behavioral Health Service within VASNHS rapidly transitioned to telework for everyone's safety. Telework agreements were approved for interns who subsequently were set-up with PIV card readers and access to the VA network from their homes. Interns were not furnished with VA computers, however they were able to use their personal computers for telework purposes. Supervision was conducted virtually via video connection. Minor modifications were made to the training program in light of this unforeseen crisis. Interns were able to continue to engage in clinical practice in accordance with all APA and APPIC guidelines, thereby continuing to gain valuable experience utilizing telehealth as well as continuing to build clinical hours necessary for successful completion of internship. Interns were also able to continue engagement with all didactic activities. As a result of the COVID-19 pandemic, the Psychology Training Program developed a written Emergency Response Policy that can be used during any emergency situation.

## Emergency Response Policy

In response to the COVID-19 pandemic the VASNHS Psychology Training Program implemented the following emergency response policy. This policy is fluid and our response to the pandemic is subject to change based on needs and safety.

### **Definitions:**

**Telesupervision** is clinical supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical facility as the trainee.

**In-person supervision** is clinical supervision of psychological services where the supervisor is physically in the same room as the trainee.

**Emergency:** any event (e.g., natural disaster, mass casualty, pandemic, etc.) that requires an alteration in normal operations.

### **APA typically dictates that:**

Programs utilizing ANY amount of telesupervision need to have a *formal policy* addressing their utilization of this supervision modality, including but not limited to:

- An explicit rationale for using telesupervision
- How telesupervision is consistent with their overall model and philosophy of training
- How and when telesupervision is utilized in clinical training
- How it is determined which trainees can participate in telesupervision
- How the program ensures that relationships between supervisors and trainees are established at the onset of the supervisory experience
- How an off-site supervisor maintains full professional responsibility for clinical cases;
- How non-scheduled consultation and crisis coverage are managed
- How privacy and confidentiality of the client and trainees are assured
- The technology and quality requirements and any education in the use of this technology that is required by either trainee or supervisor.

Internship programs: Telesupervision may not account for more than one hour (50%) of the minimum required two weekly hours of individual supervision, and two hours (50%) of the minimum required four total weekly hours of supervision unless waived or amended by the Office of Academic Affairs (OAA).

During emergency situations, OAA may modify policies. For example, during COVID-19, OAA modified telesupervision requirements: “Telehealth visits where the trainees are not co-located with the supervisor (for example, patient, supervisor and trainee are all on a telehealth visit but are at three different locations) are **now permitted during this health crisis**.” While VA nationally does not encourage telesupervision, from time-to-time OAA may implement emergency guidelines that allow modification of established policies and procedures as seen during the COVID-19 pandemic.



VASNHS strives to use telesupervision as a last resort only. VASNHS offers this form of supervision during an emergency response in order to provide the needed supervision to our trainees, while also allowing for access to mental health services to veterans during critical times. Within the VASNHS Psychology Training Program telesupervision may be used when in-person supervision is not recommended or permitted by current factors dictating hospital-wide activities; however, from time-to-time telesupervision may be utilized under special circumstances with prior approval from the Training Director.

Additionally, as recommended by OAA, the selection of trainee involvement in telesupervision will be discussed with the supervisor(s) and training director. Not all trainees may be appropriate for telesupervision. A trainee that is in need of higher oversight (e.g., in the room graduated level of responsibility, high need for feedback, identified competency concerns—even if not on a formal remediation plan) and trainees who have greater difficulty with self-initiative (i.e. proactively reaching out to supervisions, problem-solving technology issues or other issues) are less likely to be a good fit for telesupervision.

With the implementation of telesupervision, the training program and supervisor(s) ensure the following:

- 1) Clearly identified emergency procedures in case of patient crisis (trainee must additionally be aware of how to utilize emergency procedures)
- 2) Identification of how live supervision/observation will continue to be achieved (Note: this can be done by supervisors joining the VVC sessions).
- 3) Identification of back-up supervision. Typically, this would be the identified available on-site supervisor.
- 4) Ensuring the trainee has ability to access the supervisor in between one-to-one scheduled supervision sessions via email, Skype, phone, and/or other electronic technologies.
- 5) Ensuring patients (just as is typically done) are able to access trainee supervisors. This is something that can also be done by supervisors joining VVC sessions.
- 6) Ensuring the supervisors continue to give timely and meaningful feedback to the trainee, which can be particularly important given the physical distance between the trainee and supervisor.
- 7) Being thoughtful in selection of supervisors to engage in telesupervision. Supervisors should be comfortable with the use of technology, be proactive in their engagement with trainees (i.e., available in between supervisory sessions, reaching out to trainees to check-in rather than passive, responsive to email/Skype/phone), and be willing/flexible to adapt to telehealth and telesupervision.
- 8) Trainee and supervisors should all be logged-in to Skype as well as provide and maintain access to phone contact.
- 9) Trainee should inform supervisors of scheduled patient sessions to ensure supervisors can be available for consultation in the same manner that would be expected of in-person supervision.

- 10) Trainee informs the supervisor and Training Director should the format of supervision not meet their training needs.
- 11) Supervisors make it known that they maintain full responsibility for clinical care provided by the trainee.
- 12) Supervisors ensure their trainees have both the technology (i.e., hardware and software) as well as the education in the use of the technology to use prior to the start of telework.
- 13) Supervisors are responsible for ensuring the privacy and confidentiality of the patient as well as the trainee.

This policy is reviewed biennially or upon special guidance from OAA or request by VASNHS Executive Leadership.

### **Dismissal from Training Committee Policy**

Membership in the Training Committee is by application and vote. Appointment to Training Committee comes with commitment not only to those in training but to colleagues on the Training Committee. In cases where a member of the Training Committee fails to attend regularly scheduled meetings, those members will be dismissed from the Training Committee.

1. Training Committee Supervisors: Any supervisor missing four (4) meetings in one academic year without extenuating circumstances\* or prior approval from the Training Director (or designee) will be dismissed from the Training Committee
2. Training Committee Members at-Large: Any non-supervisory member missing three (3) meetings in one academic year without extenuating circumstances\* or prior approval from the Training Director (or designee) will be dismissed from the Training Committee.

\*Extenuating circumstances may include and are not limited to: Tour of Duty limitations, Annual Leave, Sick Leave, FMLA, Deployment, and/or Maternity Leave.

Once the required number of sessions have been missed, the Training Director shall issue notice to the member informing them of their dismissal from the Training Committee. Additionally, the Chief of Psychology shall be notified of the dismissal from the Training Committee.

## **Training Faculty**

### **Nicole Anders, PsyD**

Dr. Anders is a bilingual staff psychologist within the Posttraumatic Stress Disorder (PTSD) Clinical Treatment Team. She is the Military Sexual Trauma (MST) treatment coordinator, VISN21 MST POC, and created the MST track within the PTSD program. She is also the Evidence-Based Psychotherapy (EBP) coordinator for the hospital and leads the EBP seminar within the training program. She earned her Master's and PsyD degrees at Argosy University in Orange County, California. She completed her pre-doctoral internship at VA Caribbean Healthcare System in San Juan, Puerto Rico. She stayed at the San Juan VA to complete her post-doctoral fellowship, specializing in Women's Health. Dr. Anders is also a yoga instructor which aids her perspective in treating patients holistically from a mind-body orientation. She has created several yoga programs within the hospital, namely Yoga for PTSD and Yoga for Chronic Pain. Though she identifies with more dynamic and holistic therapeutic perspectives, she is also trained in and utilized many evidence-based treatments such as Prolonged Exposure, Cognitive Processing Therapy, Cognitive Behavioral Therapy, and Acceptance and Commitment Therapy.

### **Elizabeth (Beth) Briggs, PsyD**

Dr. Briggs is a staff psychologist at VA Southern Nevada Healthcare System and practices out of the Southwest Primary Care Clinic. She earned her bachelor's degree in psychology and sociology from Cabrini University (formerly Cabrini College) and doctorate in clinical psychology from Antioch University New England. Dr. Briggs completed her pre-doctoral internship at Cherokee Health Systems and post-doctoral fellowship at Edith Nourse Rogers Memorial VA Medical Center. Dr. Briggs has worked in various settings, primarily in primary care behavioral health, including academic medical centers, federally qualified health centers, and community mental health centers. Clinical interests include: primary care behavioral health, sleep disorders, women's issues including pregnancy and adjusting to motherhood, and working with underserved populations (e.g. rural, refugees, low income families). Therapeutic approach integrates psychodynamic theory with CBT and mindfulness techniques.

### **Stacey M. Cherup-Leslie, Ph.D.**

Dr. Cherup-Leslie is a licensed Staff Psychologist in Primary Care Mental Health Integration with VA Southern Nevada Healthcare System at the Northwest Primary Care Clinic. She is the facility lead for PCMHI training as well as a VISN co-lead for the PCMHI training roll-out. She received her Ph.D. from the University of Nevada, Reno where she focused her clinical skills and research in health behaviors. Dr. Cherup-Leslie completed her pre-doctoral internship at VA Puget Sound – American Lake Division and went on to complete a postdoctoral fellowship in Telemental Health and Rural Outreach at the VA Puget Sound – Seattle Division. Throughout her training, Dr.

Cherup-Leslie has refined her skills in treating health behaviors (primarily pain and sleep) co-morbid with other mental health diagnoses and chronic illness. Her approach to therapy is flexible and incorporates Acceptance and Commitment Therapy, Cognitive Behavior Therapy, and Functional Analytic Psychotherapy. She is trained in and utilizes several evidence-based treatments to include Problem Solving Therapy for Primary Care, Acceptance and Commitment Therapy for Chronic Pain, Cognitive Behavior Therapy for Chronic Pain, and Cognitive Behavior Therapy for Insomnia. Primary professional interests include facilitating collaborative healthcare, brief functional assessments, treatment of chronic pain and sleep in the primary care setting, and involvement in clinical training.

### **Leah M. Dockler, Psy.D.**

Dr. Dockler is the Inpatient Psychologist and Program Coordinator at VA Southern Nevada Healthcare System. She earned her clinical psychology master's and doctoral degrees from the California School of Professional Psychology in San Diego where she trained in multiple inpatient and outpatient settings. She completed her predoctoral internship in the geropsychology track at the Western New York VA Medical Center. She completed her postdoctoral fellowship in geropsychology at the VA Pittsburgh Healthcare System. After completing her fellowship, she then accepted a position as the inpatient psychologist at the VA Southern Nevada Healthcare System. Her clinical interests include recovery oriented care, crisis intervention in acute settings, group psychotherapy, geropsychology, dementia, capacity, and complex medical/ psychiatric comorbidities. Therapeutic approach is flexible and includes the following modalities: CBT, ACT, and MI.

### **Christine C. Dozier, PsyD**

Dr. Dozier is the Chief of Psychosocial Rehabilitation & Recovery Services (PSR) at VA Southern Nevada Healthcare System (VASNHS) and the Director of the Veterans Recovery Center (VRC). She completed her Masters and Doctoral Degrees in Clinical Psychology at the Illinois School of Professional Psychology/ AU, Chicago, Illinois. She completed her Internship at New Jersey VA Health Care System and her Post-Doctoral Fellowship at VA Connecticut Health Care System and Yale University School of Medicine, Department of Psychiatry. Prior to working for VASNHS, Dr. Dozier worked at NYC Health and Hospitals Corporation where she served as the internship supervisor for the HIV/AIDS rotation and as the clinical supervisor for psychology practicum students. She also worked at VA Hudson Valley Health Care System in New York where she provided services in the outpatient mental health clinic, was the Community Living Center (CLC) psychologist, and the Palliative Care consult team psychologist. Dr. Dozier maintains VA provider status in Cognitive Processing Therapy (CPT) for PTSD, Acceptance and Commitment Therapy (ACT) for Depression, and Integrative Behavioral Couples Therapy (IBCT). Her primary professional interests include trauma work, couples therapy, consultation & liaison services, implementation of recovery principles and overall systems/cultural

transformation, holistic care approaches, mentoring and leadership development, and cultural diversity issues.

### **Lisa M. Duke, PhD**

Dr. Duke is a Staff Neuropsychologist in the Behavioral Health Service at the VA Southern Nevada Healthcare System. She received a doctoral degree in Clinical Psychology from the University of Arizona with specialization in clinical neuropsychology. She completed an APA-approved psychology internship at the New Orleans VA Medical Center, with rotations in outpatient and inpatient neuropsychology, behavioral medicine, women's stress disorders treatment program, and inpatient rehabilitation. Dr. Duke completed a postdoctoral fellowship in clinical and research neuropsychology at the New Orleans VA. She utilizes a flexible battery, Boston process approach to neuropsychological assessment. Her areas of research interest include awareness of deficit/metacognition in Alzheimer's disease and degenerative dementias and the cognitive deficits associated with posttraumatic stress disorder. She has worked as a neuropsychologist in both clinical and academic settings, as well as within the pharmaceutical industry.

### **Ryan Graham, PhD**

Dr. Graham is a Staff Psychologist at VA Southern Nevada Healthcare System. Prior to college, Dr. Graham served as a Rescue Swimmer in the U.S. Navy. He later earned his bachelor's degree from the University of Wyoming, and his master's and doctoral degrees from Texas Tech University. Dr. Graham completed his pre-doctoral internship as an active duty U.S. Army officer at Tripler Army Medical Center. He then completed a postdoctoral residency in military psychology affiliated with Tripler Army Medical Center and the 25<sup>th</sup> Infantry Division's 25<sup>th</sup> Combat Aviation Brigade. Dr. Graham went on to serve as the Brigade Psychologist for the 10<sup>th</sup> Mountain Division's 1<sup>st</sup> Brigade Combat Team. He continues to serve in the Army Reserves with a Combat Operational Stress Control unit within the 2<sup>nd</sup> Medical Brigade. Dr. Graham's clinical interests include: personality disorder, trauma, and complex comorbidities. His therapeutic approach is integrative, with emphasis on CBT, DBT, and trauma-focused exposure therapies.

### **Sarah Jones, PhD**

Dr. Jones is a Staff Psychologist at the VA Southern Nevada Healthcare System. She earned her doctorate in clinical psychology from the University of Nevada, Las Vegas. Dr. Jones completed her pre-doctoral internship at Mount Sinai St. Luke's and West hospitals in New York. After internship, she completed her postdoctoral training at a private practice (formerly the Center for Marital and Sexual Health) in Beachwood, OH. Clinical interests include: issues related to gender and sexuality, couple's therapy, trauma, personality disorders, and psychological assessment. Her therapeutic approach is integrative, with emphasis on psychodynamic and interpersonal frameworks, as well as DBT, CPT, and ACT.

**Christian Larco, PsyD**

Dr. Larco is a Staff Psychologist in the PTSD clinic at VA Southern Nevada Healthcare System. He earned his bachelor's degree from the University of South Florida, and master's and doctoral degrees from the Florida School of Professional Psychology. Dr. Larco was commissioned as a Navy Officer during his graduate training and completed his pre-doctoral internship at the Walter Reed National Military Medical Center in Bethesda, MD. Subsequent to his internship, he remained on active duty serving as an active duty Staff Psychologist at the Naval Health Clinic in Hawaii and later as an embedded psychologist with the 7<sup>th</sup> Marine Regiment out of 29 Palms, CA. Clinical interests include: individual therapy with an emphasis in trauma and psychological testing. Therapeutic approach is integrative, with emphasis on CBT and psychodynamic theory.

**Micol Levi-Minzi, PsyD**

Dr. Levi-Minzi is Training Director and Staff Psychologist at VA Southern Nevada Healthcare System. She earned her bachelor's degree from Emory University, counseling master's degree from Boston College, and clinical psychology master's and doctoral degrees from Nova Southeastern University. Dr. Levi-Minzi completed her pre-doctoral internship at Miami VA Medical Center. After completing her internship, she stayed at Miami VA Medical Center as a staff psychologist working in the Behavioral Health Clinic and assumed the role of Assistant Training Director. Dr. Levi-Minzi also worked as a Veteran's Justice Outreach Psychologist while at Miami VA Medical Center. Clinical interests include: issues related to gender and sexuality, diversity, social justice, feminist psychology, and forensic work. Therapeutic approach is person-centered, with use of CBT and ACT interventions as appropriate.

**Lawrence J. Lyon, PhD**

Dr. Lyon is a Staff Psychologist at the Northeast Primary Care Clinic, VA Southern Nevada Healthcare System. He completed his undergraduate education at the University of Nevada, Las Vegas. He then completed his Master's Degree in Experimental Psychology and his PhD in Clinical Psychology at Washington State University. He completed an internship in Medical Psychology at the Child Development and Rehabilitation Center at the University of Oregon Health Sciences University, and completed his residency in a private setting under the supervision of Patrick Stone, PhD, in The Dalles, Oregon. Prior to coming to work at the Southern Nevada VA in 2014, Dr. Lyon worked for four years as clinical supervisor for Stepping Stones Behavioral Health in Las Vegas. Dr. Lyon has worked in a variety of clinical settings, including school districts, community mental health centers and corrections. He was in private practice for 19 years in The Dalles, Oregon. Dr. Lyon has extensive training and experience in treating a wide variety of clinical disorders in a wide variety of settings. In addition to providing individual and family therapy and consultation to organizations, he has performed numerous psychological evaluations of adults, adolescents and children for schools, courts and state disability determination services.



### **Heather L. Manor, PsyD**

Dr. Manor served as Psychology Training Director for 2 years prior to her current role as Chief of Psychology. Dr. Manor received her Master's Degree and PsyD in Clinical Psychology from Nova Southeastern University in Ft. Lauderdale, FL. She completed her pre-doctoral internship at the Louis Stokes Cleveland VA Medical Center and went on to complete a postdoctoral fellowship specializing in substance use disorders at the North Florida/South Georgia Veterans Health System. Dr. Manor worked with the Myrtle Beach VA CBOC for 6 years prior to her transfer to the VA Southern Nevada Healthcare System. During that time she served in a variety of roles such as Substance Abuse Psychologist, Consultant to the local Vet Center, and Section Chief for the Mental Health Clinic. She has been trained in and utilizes several evidenced-based treatments such as Motivational Interviewing, Cognitive-Behavioral Therapy for Substance Use Disorders, and Cognitive-Behavioral Therapy for Chronic Pain. Primary professional interests involve treating substance use disorders, working with the Veteran population, and involvement with clinical training.

### **Robert Moering, PsyD**

Robert Moering, Psy.D. graduated from the University of Maryland with a M.A. in Counseling and he earned his M.S. in psychology from Florida Tech. He earned his Doctor of Psychology degree from Florida Tech where he completed his internship with the James A. Haley VA Medical Center. Dr. Moering has conducted over 20,000 forensic psychological evaluations for courts, attorneys, fortune 500 companies, NFL, MLB, NHL, Florida Bar, FAA, Florida Board of Nursing, Professional Resource Network, and the VA in the areas of work-related disability, disability compensation, workplace violence, fitness-for-duty, death penalty mitigation, competence to stand trial, etc. After his internship, Dr. Moering developed the first Dual Diagnosis Treatment Program at the James A. Haley VAMC. He was a Senior Psychologist within the Florida Department of Corrections (DOC) and supervised eight psychologist as well as master-level therapist and support staff at three different prisons. He provided direct supervision to psychology interns with the DOC. He has been qualified as an expert witness in federal, state, and county courts over 400 times. Dr. Moering was an Assistant Professor in the Department of Psychiatry at the University of South Florida where he developed and started the department's first Dual Diagnosis Treatment Clinic. From 2007-2015, Dr. Moering was a full-time C&P examiner for the VA. He co-authored the first article published in a peer-reviewed professional journal that describes how to conduct C&P exams for PTSD and other mental disorders. Dr. Moering is also the author of the first article published in a peer-reviewed professional journal that describes how to review military records (i.e., military personnel records and service medical records) in the context of completing C&P examinations. In 2012 he was an invited speaker to the CAVC Bar Association in Washington, DC to discuss C&P mental health evaluations. From 2/2015-2/2018 Dr. Moering owned and operated a clinical and forensic psychology practice before deciding to return to working with the VA as a PCMHI psychologist. Dr. Moering's primary interest are in psychological assessment, forensic psychology, malingering, consultation, and brief therapeutic interventions. Dr. Moering has supervised psychology practicum students, psychology interns and residents, and psychiatry residents. He has taught multiple undergraduate and

graduate psychology courses as well as teaching medical students and psychiatry residents. Dr. Moering is also a Marine Corps Veteran.

### **Shanna Mohler, PsyD**

Dr. Mohler is a Clinical Neuropsychologist within the Behavioral Health Service at the VA Southern Nevada Healthcare System. She works in the Outpatient Neuropsychology Clinic and serves as part of the Polytrauma Support Clinic Team. She earned an M.A. and Psy.D. in Counseling Psychology at the University of St. Thomas in Minneapolis, MN. She completed a pre-doctoral geriatric-focused internship at the Madison, WI VA and two postdoctoral fellowships – a one-year fellowship in Gero-Neuropsychology at the Miami VA Medical Center and a two-year fellowship in Clinical Neuropsychology at the Central Arkansas VA. She provides comprehensive outpatient neuropsychological evaluations to Veterans with various neurological, medical, and psychiatric conditions. Areas of interest include neurodegenerative diseases, traumatic brain injury, and cognitive rehabilitation.

### **Alexandria Moorer, PsyD**

Dr. Moorer is a Staff Psychologist at VA Southern Nevada Healthcare System in the Addiction Disorder Treatment Program (ADTP). She earned her bachelor's degree from Westminster College and clinical psychology master's and doctoral degrees from The Arizona School of Professional Psychology at Argosy University Phoenix. Dr. Moorer completed her pre-doctoral internship at the University of Nevada Las Vegas Counseling and Psychological Services (CAPS). After completing her internship, she completed her post-doctoral fellowship in addictions at the John D. Dingell VA in Detroit, Michigan. Clinical interests include: addictions, group therapy, and diversity. Therapeutic approach is integrative, with an emphasis on CBT and Multicultural counseling.

### **Jason LaGrand Mouritsen, PsyD, ABPP**

Dr. Jason LaGrand Mouritsen is a Psychologist with VA Southern Nevada Healthcare System (VASNHS) serving in the role of Program Manager for the Addictive Disorders Treatment Program (ADTP). Dr. Mouritsen is the primary supervisor for the ADTP rotation. Previously, he served as a Primary Care Mental Health Integration (PCMHI) psychologist and as a Behavioral health Interdisciplinary Program/General Mental Health (BHIP) psychologist with VANHS. Dr. Mouritsen received his Master's Degree and Psy.D. in Clinical Psychology from the American School of Professional Psychology/Argosy University in Schaumburg Illinois. In 2012, he commissioned as an Officer in the United States Army and completed his pre-doctoral internship and post-doctoral residency at Tripler Army Medical Center in Honolulu, HI. Dr. Mouritsen later served as the sole psychologist for a Brigade within the 82nd Airborne Division at Fort Bragg, North Carolina for nearly three years. He left active duty military service in 2016

and joined the Utah National Guard where he currently serves as an operational psychologist for the 19th Special Forces Group (Airborne). Immediately after leaving active duty military service, he worked as a forensic psychologist in an inpatient forensic unit for a short time before joining the VANHS. Professional interests include treating and managing suicidality, treating Substance Abuse Disorders supporting veterans and service members in any way possible, and using evidence based approaches to realize symptom improvement.

### **Selena P. Smith, PsyD**

Dr. Selena P. Smith is the PTSD Program Coordinator and Staff Psychologist at VA Southern Nevada Healthcare System. She earned her bachelor's degree in psychology from Queens College, City University of New York. She earned a clinical psychology master's and doctoral degrees from Nova Southeastern University. Dr. Smith completed her pre-doctoral internship at the VA Caribbean Healthcare System. Upon completing her internship, she worked as a neuropsychologist within the Polytrauma Clinic at the VA Caribbean Healthcare system and subsequently as a staff psychologist in the Behavioral Health Clinic of the same VA. She later worked as a Compensation and Pension psychologist at the Michael E. DeBakey VA Medical Center in Houston, TX. Prior to returning to VHA, Dr. Smith worked for the US Department of the Army as an Embedded Behavioral Health Staff Psychologist and Installation Director of Psychological Health at Fort Richardson. Clinical interests include: military psychology, health psychology, issues related to gender and sexuality, and assessment. Therapeutic approach is integrative, with emphasis on CBT, Person-Centered approaches, and EBPs.

### **Barbara Wells, PhD**

Dr. Barbara M. Wells is a Staff Psychologist providing mental health services at the VA Southern Nevada Healthcare System (Northeast Primary Care Clinic). She earned her master's degree and Ph.D. in Counseling Psychology at the University of Kansas. Dr. Wells completed her APA-accredited internship and her postdoctoral residency at the Center for Behavioral Medicine (formerly Western Missouri Mental Health Center) in Kansas City, MO, where she provided inpatient individual and group therapy for individuals with severe mental illness as well as those court-ordered to a Competency Restoration Program through the Missouri Department of Mental Health. She also provided outpatient therapy to children and adolescents and participated in trainee supervision, didactic training, and program development during this time. Dr. Wells' professional experience also includes psychological evaluation of children, adolescents, and adults for the Children's Division of the Missouri Department of Social Services, for medical facilities, and for other healthcare providers. She utilizes such evidence-based treatments as cognitive behavioral therapy, cognitive processing therapy, dialectical behavior therapy, problem solving training in primary care, and motivational interviewing, and provides individual and group therapy.

